Introduction to Local Public Health

House of Representatives
Health Policy Committee
February 10, 2011

What is Public Health?

Public Health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention.

P.A. 368 – Public Health Code

Chapter 333; Section 2433: A Local Health Department shall continually and diligently endeavor to:

- Prevent disease;
- Prolong life;
- Promote public health through organized programs;
- Prevention and control:
  - Environmental health hazards
  - Diseases
  - Health problems of particularly vulnerable populations

What We Do: Essential Local Public Health Services

- **Immunizations**
- Tuberculosis control
- Emergency management
- **Public/private water supply**
- Prenatal care
- Family planning
- **STD control**
- HIV/AIDS: reporting, counseling, notification
- **Public/Private on-site wastewater**
- Nutrition services
- Health education
- **Hearing and vision**
- Care of individuals w/ serious communicable disease/infection
- Public swimming pool inspections
- **Food safety**
- Campground inspections
- Pregnancy tests
- **Infectious/communicable disease control**

How we do it:

- Monitor health status to identify and solve issues.
- Diagnose and investigate health issues.
- Inform, educate, empower people about health issues.
- Mobilize community partnerships to solve issues.
- Develop policies and plans that improve health efforts.
- Enforce laws and regulations to protect health.
- Link people to needed personal health services.
- Assure competent public health workforce.
- Evaluate personal and population-based health services.
- Research for innovative solutions to health issues.

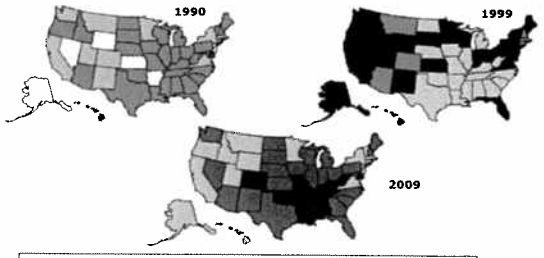
Network of Protection

- **Local**
  - 45 Local Health Departments, serving 83 counties
    - Local Health Departments serve communities 24/7/365
- **Statewide**
  - Michigan Department of Community Health
  - Michigan Department of Environmental Quality
  - Michigan Department of Agriculture
- **National**
  - US Department of Health and Human Services
  - Centers for Disease Control and Prevention
  - Environmental Protection Agency
  - Food and Drug Administration
- **International**
  - World Health Organization

Obesity Trends* Among U.S. Adults

Behavioral Risk Factor Surveillance Survey, 1990, 1999, 2009

(*BMI ≥30, or about 30 lbs. overweight for 5'4" person)



SOURCE: Behavioral Risk Factor Surveillance Survey, CDC

Obesity

Obesity is the 5th leading risk factor for mortality:

- High Blood Pressure (13%)
- Tobacco use (9%)
- High Blood Glucose (6%)
- Physical inactivity (6%)

~ WHO, 2009

Local Health Departments mitigate obesity by:

- Educate the local population
- Promote community education/participation
  - Physicians, schools, employers
- Foster community coalitions/networks
  - Healthy Kids; Healthy Futures, Fitness Council
- Influence policy/legislation
  - School lunches, physical education, 'safe routes'

Economic value to the local community:

- Employees/employers seek safe and healthy places to work and play, which increases productivity, and reduces healthcare costs.

Baby Fat or Childhood Obesity?

Infant Mortality

Michigan ranks 37th in infant mortality nationally. In 2010, 7.7 babies (out of live 1,000 births) die prematurely in Michigan. – MIDashboard, 2011

Local Health Departments mitigate infant mortality by:

- Promotes health of pregnant women and unborn child;
  - Community outreach centers, schools, churches, business
- Dispenses vaccinations to pregnant women and infants;
- Provides home visiting programs for healthy pregnancies, positive birth outcomes, and healthy infants;
- WIC (Women, Infants, and Children) programming;
- Smoking cessation programming (for mom and dad);
- Represent a key role in Fetal/Infant Mortality Review Teams with state and other invested partners.

Economic value to the local community:

- Increased access to pre-conceptual healthcare or healthcare for pregnant women and infants reduces fatal illnesses/lifestyles, leading to reduced healthcare costs and/or postpartum-mortem care.

Smoking

Tobacco is the leading preventable cause of death in America – DHHS

Cigarette smoking causes about 1 of every 5 deaths in the United States each year.

- 443,000 deaths annually (including deaths from secondhand smoke)
- 49,400 deaths/year from secondhand smoke exposure – CDC 2011
- 15,000 deaths/year in Michigan from smoking
- 2,500 deaths/year in Michigan from secondhand smoke – MDCH, 2011

Local Health Departments mitigate smoking by:

- Community Coalitions/Health Department
  - Tobacco Task Force, schools, business
  - Smoke-free workplace enforcement

Economic value to the local community:

- Employers seek a healthy, productive workforce (lower absenteeism) and reduced healthcare costs.

Food Safety

Local public health departments protect the community against foodborne illnesses to persons consuming food from licensed food service establishments including:

- plan reviews
- licenses/permits
- inspections
- complaint investigations
- enforcement actions
- reporting

Safe Drinking Water Supply

Michigan enjoys a sophisticated public drinking water system of clean, reliable water. Through community education and regulation, local public health departments assure:

- proper installation, operation and abandonment of water supplies;
- issuance of well permits for water wells;
- inspection of well construction;
- monitoring of water quality;
- monitoring of suspected areas of contamination.

H1N1 2009 Response

- First wave was in April, 2009 (Mexico and southeast California)
- Intercontinental spread by May, 2009
- Declared pandemic in June, 2009 by World Health Organization
- Summer camp spread in July/August, 2009
- Second wave in September, 2009 at universities
- Peaked in October/November, 2009
- Over 1,000,000 vaccinations administered

Goals of Local Health Departments:

- Prevention
- Communication
- Early detection/testing
- Isolate/quarantine
- Treatment
- Minimize economic/social disruption

Public Health is a wise investment:

Public Health and Economic Security

"Poor health is putting the nation's economic security in jeopardy. Helping people to stay healthy and better manage illnesses are the best ways to drive down health care costs... We need to rethink how we spend our health dollars. Investing in public health tops the list of ways we could start spending smarter."

~ R. W. Johnson Foundation

"Public health is needed by everyone, all of the time; clinical care is needed by many people, some of the time."

~ C. Everett Koop, Surgeon General under Ronald Reagan

Questions?

MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH

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THE ROLE OF PUBLIC HEALTH

INTRODUCTION

To many people, "public health" is just the medical care provided to poor people at public health clinics. Actually, that kind of service is just the tip of the iceberg. Public Health programs are responsible for the major increases in life span that developed countries have achieved. We enjoy additional years of life because the public health system has controlled contagious diseases, improved sanitation, and assured safe water supplies and food purity.

WHAT IS PUBLIC HEALTH?

Public Health is a complex system which protects people from unsafe or hazardous conditions and provides methods of promoting good health and preventing disease. Partners in this system include state and local health departments; community health centers; colleges and universities; schools; federal agencies; federal and state legislatures; community organizations; the business community; and, of course, the public.

Public health functions are often grouped into three basic areas - **assessment, assurance**, and **policy development**. While these terms are not well known, many of the functions that are provided under them are probably familiar to most people.

Assessment functions include determining if a community has enough doctors, nurses and dentists; recording the number of births and deaths; tracking health trends; conducting laboratory analyses; and evaluating the effectiveness of programs. Assessment programs primarily serve as the mechanism to determine if the total health system is working as well as it should.

Assurance covers those activities that deal with making sure people's health needs are safely and effectively met. For example, government's role in regulating, through licensure and inspection, falls under this heading. Programs that provide education to both health care providers and the community are part of assurance as well. Finally, assurance includes providing medical, dental, and psychological services directly to the public.

Policy development pertains to the setting of goals for health services, developing performance standards, determining priorities for the allocation of resources, and planning for systems to meet identified health needs. Setting immunization standards for children is an example of public policy development

The story of public health is one of success. The public can eat at restaurants anywhere in Michigan, access health care, breathe clean air, work in a safe environment, and live without fear of catching many diseases because our public health system is working.

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Public Health
It's the Law

Article 4 section 51 of the Michigan constitution says:

The public health and general welfare of the people are hereby declared to be matters of primary public concern. The legislature shall pass suitable laws for the protection and promotion of public health.

With regard to local health departments the Michigan public health code says:

Section 2224 Pursuant to this code, the department shall promote an adequate and appropriate system of local health services throughout the state and shall endeavor to develop and establish arrangements and procedures for the effective coordination and integration of all public health services including effective cooperation between public and nonpublic entities to provide a unified system of statewide health care.

With regard to assessing the extent to which basic health services are available to Michigan's citizens, the public health code says:

333.2301 Identification of priority health problems; preparation and basis of proposed list of basic health services.

Section 2301 (1) The department, utilizing broad participation of, and providing ample opportunity for the submission of recommendations by the individuals and organizations described in section 2302, annually shall identify the priority health problems of this state utilizing state health plans and an assessment procedure based on data and statistics consistent with or provided for in sections 2616 and 2617. Identification of priority health problems related to mental health shall be made with the consultation and advice of the department of mental health. From these priorities, the department annually shall prepare a proposed list of basic preventive, personal, and environmental health services to be made available and accessible to all residents in need of the services in this state without regard for place of residence, marital status, sex, age, race or inability to pay.

(2) The list of proposed basic health services shall be based upon the capabilities of the health related arts and sciences and upon criteria related to health needs, resources, and performance and shall take into account the services provided by private practitioners and private providers of health services.

Section 2615 The department shall determine, not less than biennially, the level of coverage of the people of this state for each basic public health service prescribed under Section 2311. This determination may be made by scientific sampling of the population or other scientific statistical techniques that will provide an accurate estimate of the level of coverage.

NOTE: *The current list of basic health services is contained in section 218 of Public Act 123 of 2007 and includes; immunizations, communicable disease control, sexually transmitted disease control, tuberculosis control, prevention of gonorrhea eye infection in newborns, screening newborns for the 8 conditions listed in section 5431 (1) (a) through (h) in the public health code, community health annex of the Michigan emergency management plan and prenatal care.*

With regard to funding local health departments the public health code says:

Section 2475 (1) The department shall reimburse local governing entities for the reasonable and allowable costs of required and allowable health services delivered by the local governing entity as provided by this section. Subject to the availability of funds actually appropriated reimbursements shall be made in a manner to provide equitable distribution among the local governing entities and pursuant to the following schedule beginning in the second state fiscal year beginning on or after the effective date of this part:

(a) First year, 20%
(b) Second year, 30%
(c) Third year, 40%
(d) Fourth year and thereafter, 50%

(2) Until the 50% level is reached, a local governing entity is not required to provide for required services if the local expenditure necessary to provide the services is greater than those funds appropriated and expended in the full state fiscal year immediately before the effective date of this part.

With regard to presenting local health department funding allocations to the legislature the public health code says:

Section 2488 A separate part of the department's annual health appropriation request shall include funds to reimburse local health departments for expenditures incurred to establish and maintain required and allowable health services. The sums requested shall be based on reasonable and allowable costs for required and allowable services at projected levels for the next fiscal period and shall be used for reimbursing local health departments which have complied with sections 2471 to 2498.

With regard to providing training and evaluation resources to local health departments the public health code says:

Section 2492 (1) At the end of the second full state fiscal year after the effective date of this part, the department shall report to the governor and legislature as to the status of required and allowable health services in relation to standards, costs, and health needs of the people of this state.

(2) An amount equal to 1% of the estimated total expenditures for the required and allowable local health services shall be appropriated to the department annually for the development and implementation of evaluation and related training for local health departments and department staffs in the delivery of the required and allowable health services authorized under sections 2471 to 2498.

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Eight Required (Mandated) Cost-Shared Services

1. **Food Service Sanitation**
   This service is intended to minimize the risk of foodborne illness to persons consuming food from licensed food service establishments. Secondary objectives include the satisfaction of reasonable customer expectations relative to sanitation, and protection of the environmental quality in the vicinity of food service establishments. Elements of this service include plan reviews, licenses and permits, inspections, complaint investigations, enforcement actions, and investigations of reported cases of foodborne diseases.

2. **Drinking Water Supply**
   The Drinking Water Supply Program works through education and regulation to assure the proper installation, operation and abandonment of the water supplies serving private and public water supply users. This is accomplished through issuance of well permits for all water wells, inspection of well construction techniques, monitoring of water quality and areas of known or suspected areas of contamination.

3. **On-Site Sewage Disposal Management**
   The On-Site Sewage Disposal Management Program consists of the review of sites proposed for sewage disposal, issuance and/or denial of permits, sewage disposal system evaluations and inspections, plan review, review of proposals for alternative sewage disposal systems, investigations, and enforcement.

4. **Hearing Screening**
   Hearing services include screening of hearing problems, referral, and health education for the prevention of deafness and the amelioration of hearing problems. The primary focus of hearing services is preschool children (ages 3-5 years) and school-age children.

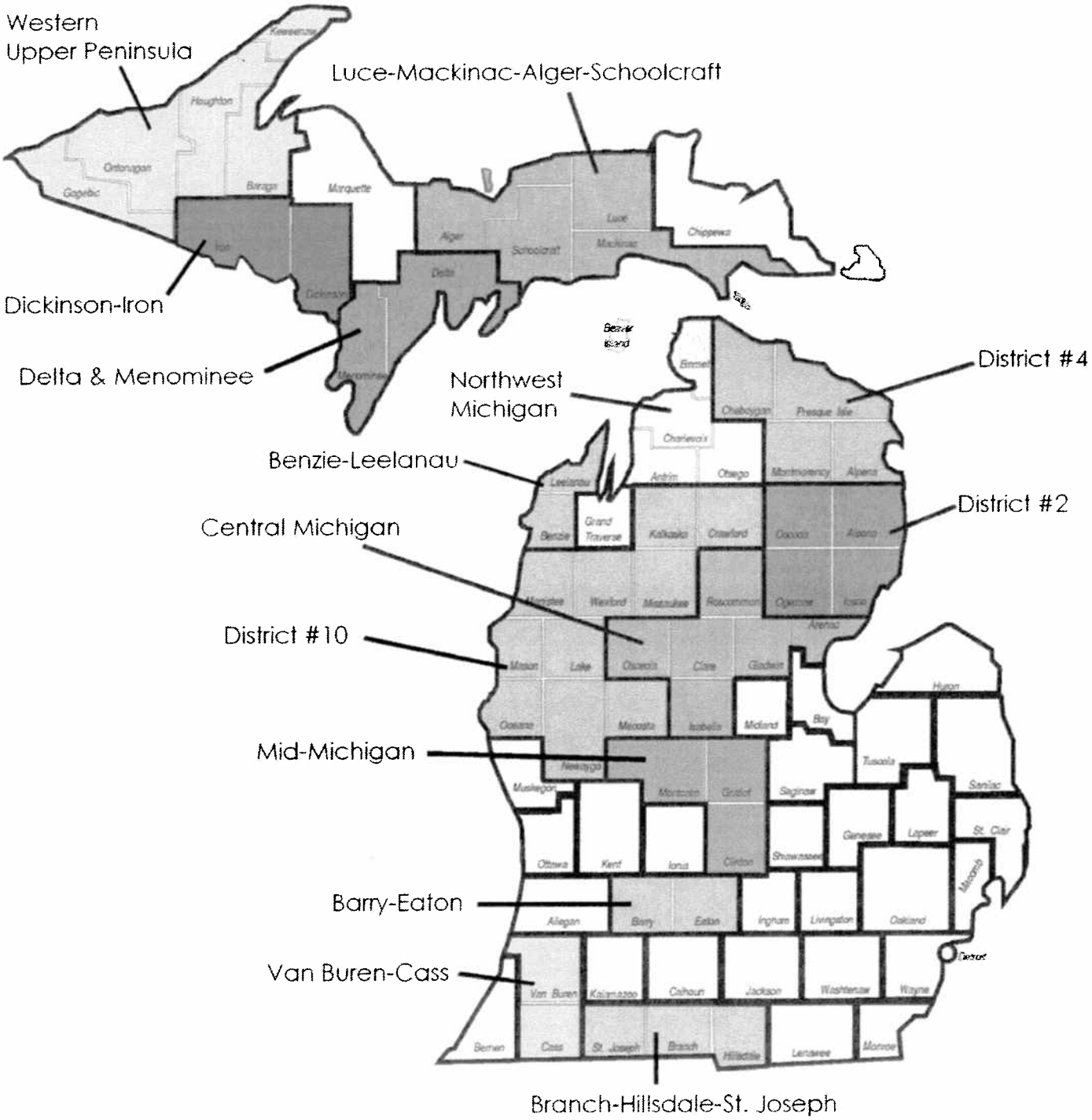
5. **Vision Screening**
   Vision services include screening, health education, and referral for the prevention of blindness and the amelioration of vision problems. The primary focus of vision services is preschool children (ages 3-5 years) and school-age children.

6. **Sexually Transmitted Disease**
   This program element addresses disease transmitted through sexual contact, primarily syphilis, gonorrhea, Chlamydia, and HIV; the element targets the immediate effects and long-term sequelae, as well as prevention of the infections. Surveillance, screening, clinical services, sexual partner referral, and education are major program components.

7. **Immunization**
   This program element entails the provision of immunizations to the entire population, with special emphasis on pediatric populations, including proper storage, handling and distribution; the assessment of immunization coverage levels to identify susceptible populations and to evaluate the effectiveness of immunization programs; and the assurance of complete immunization coverage among children enrolled in school, daycare or other preschool programs.

8. **General Infectious Disease Control**
   This program renders services that cut across the full range of infectious diseases, including the vaccine preventable diseases, the sexually transmitted diseases, human immunodeficiency virus (HIV) related disease, and tuberculosis. The activities of this program are directed toward preventing infectious disease, the gathering of information concerning the occurrence of infectious diseases, investigating cases and outbreaks of infectious disease, evaluating data and case information, offering treatment in certain instances, and instituting measures to control epidemics.

Michigan Local Health Departments



MDCH Local Health Services
Updated November 2005

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Public Health's Emergency Preparedness and Tactical Response to Multi-Drug Resistant Tuberculosis (TB)

The infected international traveler was detained at Detroit Metropolitan Airport (DTW) by U.S. Customs and Border Protection officers from the US Department of Homeland Security and CDC Quarantine Station staff in Detroit (a division of Global Migration and Quarantine). He was placed in isolation at Oakwood Annapolis Hospital (Oakwood) in Westland.

The Disease Control manager from the Wayne County Department of Public Health (WCDPH) was notified the moment the patient was contained. WCDPH immediately served the federal quarantine order to keep the man hospitalized for 72 hours.

Under the Public Health Code Chapter 333.2453 Epidemic; emergency order and procedures; involuntary detention and treatment, Section 2453 (1) if a local health officer (HO) determines that control of an epidemic is necessary to protect the public health, the HO may issue an emergency order to prohibit the gathering of people for any purpose and may establish procedures to be followed by persons, including a local governmental entity, during the epidemic in insure continuation of essential public health services and enforcement of health laws. A local health department or the Department may provide for the involuntary detention and treatment of individuals with hazardous communicable disease in the manner prescribed in certain sections of the Public Health Code.

As such, the MDCH's TB program manager, Oakwood's Medical Director, WCDPH's Health Officer and court counsels, the State of Michigan, and the US Centers for Disease Control collaborated to issue a court order to ensure that the man remained hospitalized at Oakwood until medically certified for discharge.

Oakwood's Medical Director oversaw the patient's inpatient therapy. The WCDPH Directly Observed Therapy (DOT) nurse regularly monitored the medication/treatment regimen to ensure adherence to the correct therapy. (The World Health Organization [WHO] now strongly advocates the use of DOT, to ensure that the patient is seen swallowing their medication by a trained individual.) DOT monitoring also ensures that patients take the prescribed medications for the appropriate periods of time, thus, greatly reducing a drug resistance strain of TB.

The DOT nurse collaborated on a regular basis with the WCDPH's Disease Control manager, program supervisor, and Oakwood's Medical Director. Meetings/communications, on cohort review, occurred frequently between WCDPH's DOT nurse and Disease Control Manager, MDCH, Detroit Quarantine Station staff, Custom Border Protection officers, and Oakwood medical staff.

Upon discharge (after being hospitalized for 7 months and over $350,000.00 spent) and relocation to a Calhoun County holding/detention facility, an on-site visit was made by the WCDPH DOT nurse to certify that the patient was transferred with correct medication dosage/regimen, which will result in therapy completion.

A month's worth of medication was provided by WCDPH to the patient. Many countless hours were spent by the WCDPH staff and Oakwood, managing the case and taking precautions to ensure this patient's safety and transition into the general population.

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Estimated Medical Care Costs Associated with Treating Antibiotic Resistant Tuberculosis

Inpatient Costs (3 day stay):	
Hospitalization cost	TBD
Discharge Medications (1 month supply):	
1. Moxifloxacin (Avelox 400mg daily)	$ 554.05
2. Linezolid (Zyvox 600mg daily)	$2,764.00
3. Cycloserine (Seromycin 250mg x2 daily)	$1,355.00
4. PAS (Paser granules 4gm x2 daily)	$ 229.30
5. Vit B6	$ 7.10
6. Capreomycin (840 mg daily)	TBD
*Supplied by Lincare; awaiting COBRA for billing	
Monthly total cost:	**$ 4,909.35**
Outpatient Care:	
LinCare Visiting Nurses weekly home visits	**$9,200.00**
*Lincare Infusion Company supplies Capreomycin, IV supplies and PICC line maintenance	
*$4500-4600 biweekly; awaiting COBRA for billing	
Medication costs:	
1. Moxifloxacin (Avelox 400 mg daily -	$ 78.95
2. Linezolid (Zyvox 600mg daily -	$1,151.75
3. Cycloserine (Seromycin 250 mg x2 daily -	$ 219.89
4. Capreomycin (Supplied by Lincare awaiting COBRA for billing)	
5. PAS (Paser granules 4gm x2 daily -	$ 200.00
Monthly total cost:	**$1,650.59**
Grand total of current expenditures (excluding 3 day hospital stay)	
Two weeks of visiting nurses outpatient care:	$4,600.00
Discharged medication cost for one month supply:	$4,909.35
Total accrued:	**$9,509.35**
Grand total of anticipated monthly expenditures:	
Visiting nurses outpatient care:	$9,200.00
Medication cost (ordering from ICHD supplier Amerisource)	$1,650.59
Lab cost (kidney/liver function)	TBD
Total Estimated (monthly) cost:	**$10,850.59**

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Local Public Health's Response to the Enbridge Oil Spill

On Monday, July 26, 2010, the pipeline company, Enbridge Energy Partners LLP (Enbridge), reported that a 30-inch pipeline belonging to Enbridge burst in Marshall, Michigan. It is estimated that over one million gallons of crude oil spilled into Talmadge Creek, a waterway that feeds the Kalamazoo River, traveling through Calhoun, Kalamazoo, Barry, and Allegan Counties, out to Lake Michigan.

Then-Governor Granholm declared a state of disaster in Calhoun County, along the Kalamazoo River, and threatened areas downstream of Talmadge Creek. The declaration allows coordination of all state efforts in preserving and acquiring state resources to assist with immediate threats to "public health, safety, and the environment."

The Calhoun County Public Health Department (CCPHD) and Kalamazoo County Health and Community Services Department (KCHCSD), in conjunction with federal agencies [Environmental Protection Agency (EPA) and Homeland Security Division], Michigan State Police, and local law enforcement, each activated its Emergency Operations Centers (EOC).

CCPHD's and KCHCSD's Health Officers and Environmental Health Division Managers, along with local, state, federal and private industry were deployed to assess, prepare, enforce, monitor, and survey the impact to public health. Risks to public health include, but not limited to, direct contact with the oil: water supply, inhalation of airborne chemicals, and ingestion of oil-contaminated water or fish.

The number one priority of all health departments is to ensure that the public's health is protected at all times. In this case, CCPHD and KCHCSD were tasked to ensure that surface water, groundwater, and air quality were safe. Each Department developed monitoring plans to assess future needs and evaluated all environmental data/surveillance for sound decision making to plan for what's next and into the future.

Each Department ensured access to clean drinking water, sanitary facilities, housing, and safe food for the area's population. Each Department collected drinking water samples, developed a long term drinking water plan, and monitored chemical vapors, which can lead to a number of short and long term health effects. A ban was ordered in the use of water from the Kalamazoo River for the purpose of irrigation and watering of livestock until further notice.

Daily briefings of local, state, federal, and private industry officials occurred every morning and afternoon on assessment of the spill, containment, and public and environmental health monitoring. All appropriate health officials and staff were considered on-call 24 hours until deemed no longer necessary and resumed regular business hours. Additionally, each EOC worked to ensure that safety plans and requirements for clean up were consistent between both counties.

Communications included press releases/advisories, "no contact" orders, updated information posted on respective county websites, medical information sheets to residents and physicians for surveillance. Epidemiologists developed an address list of all residents within 200 feet of the Kalamazoo River oil spill area for notification of basic information on how to deal with the spill, important phone numbers, and shelter information. Follow-up community meetings have taken place for ongoing updates from the public.

Each local health department continues to work with federal, state, and private industry to assess and collaborate in shoreline remediation of affected areas on an ongoing basis.

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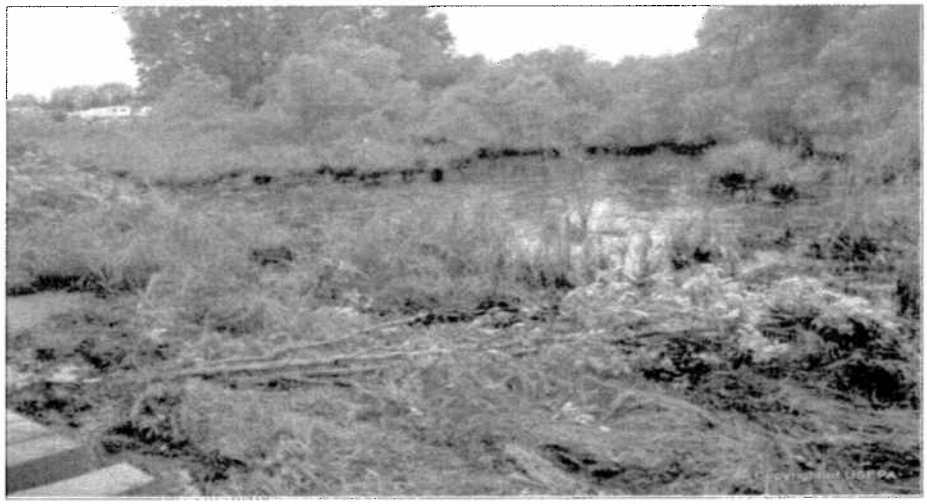
Oil Spill of 2010

KCHCSD Warning Sign prohibiting swimming, boating, or fish-

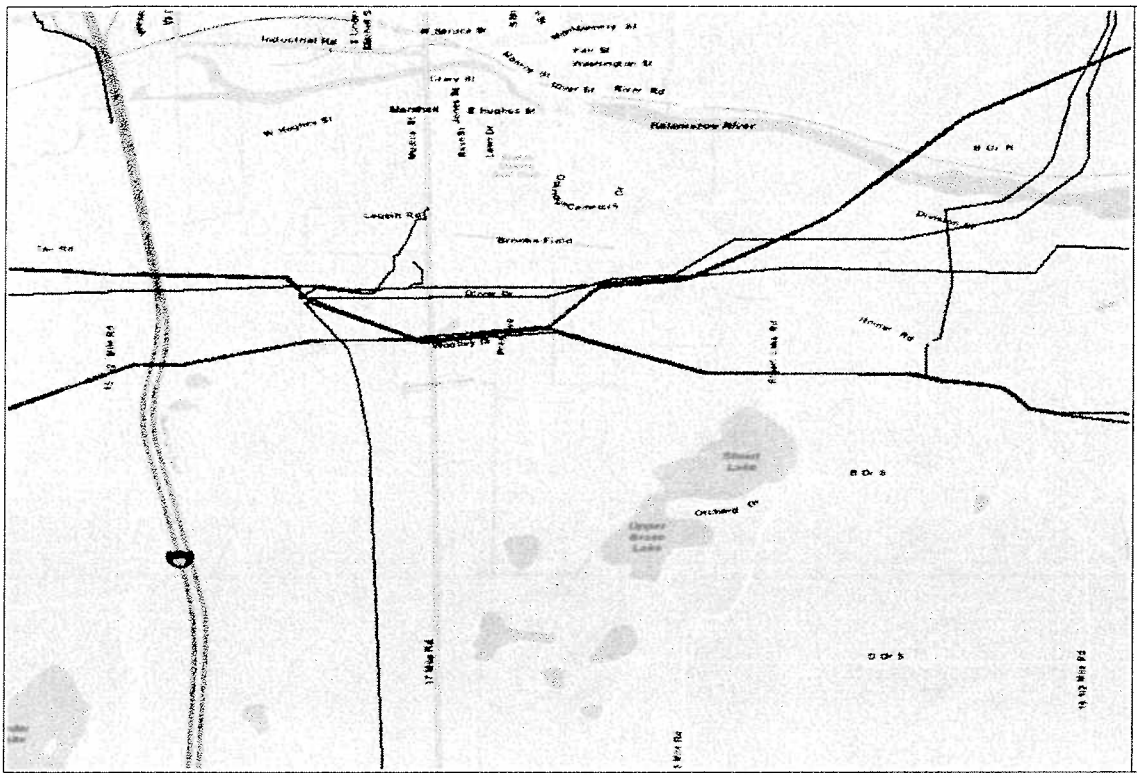


Oil sludge in the Talmadge Creek.

Overview of Kalamazoo River, notice boat's wake separating the oil.

Pipeline and Hazardous Materials Safety Administration

NATIONAL PIPELINE MAPPING SYSTEM



Legend

Gas Transmission Pipelines

Hazardous Liquid Pipelines

Pipelines depicted on this map represent gas transmission and hazardous liquid lines only. Gas gathering and gas distribution systems are not represented.

This map should never be used as a substitute for contacting a one-call center prior to excavation activities. Please call 811 before any digging occurs.

Questions regarding this map or its contents can be directed to npms-ra@mbakercorp.com

Projection: Geographic

Datum: NAD83

Map produced by the NPMS Public Viewer at www.npms.phmsa.dot.gov

Date Printed: Jun 19, 2011

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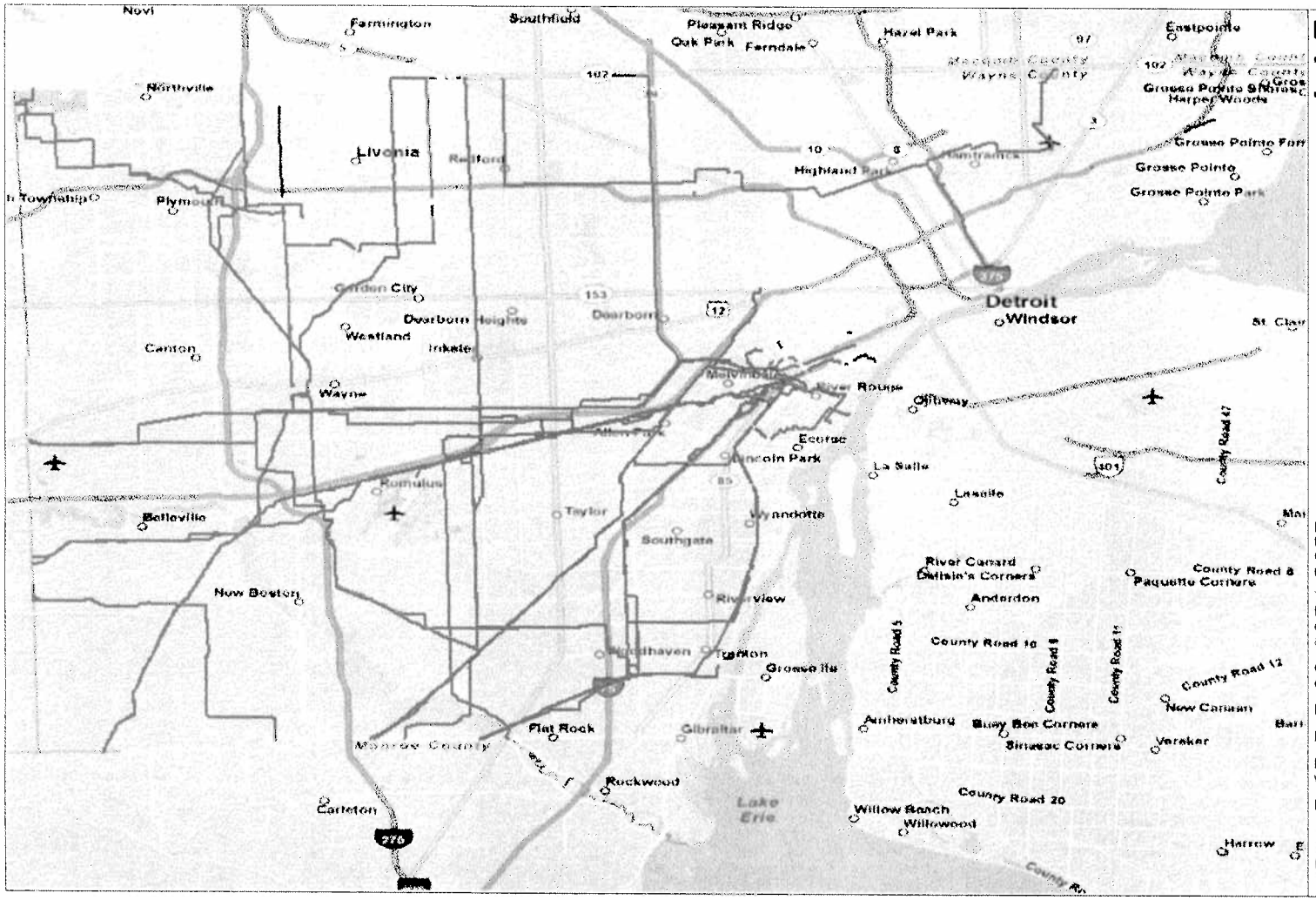
Pipeline and Hazardous Materials Safety Administration

NATIONAL PIPELINE MAPPING SYSTEM



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Public Health FOR MICHIGAN FOR YOU

MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH

Mission Readiness: Too Fat to Fight
Obesity Threatens National Security

An organization of more than 100 retired senior (generals and admirals) military leaders has warned that nine million 17 – 24 year olds in the United States are too fat to serve in the military. That is 27% of all young adults, or 1 in 4.

The number of recruits actually turned away after taking their physicals has risen dramatically in the last decade. If a young man or woman seeking to enter the military is otherwise qualified but is obviously too heavy, a recruiter will not schedule a trip for that person to the regional Military Entrance Processing Center. But between 1995 and 2008, the military had 140,000 individuals who showed up at the centers for processing but failed their entrance physicals because they were too heavy.[1]

Being overweight is now by far the leading medical reason for rejection, and between 1995 and 2008, the proportion of potential recruits who failed their physicals each year because they were overweight rose nearly 70 percent.[2]

Unfortunately, the impact of weight problems on the military does not stop with those turned away. Every year, the military discharges over 1,200 first-term enlistees before their contracts are up because of weight problems; the military must then recruit and train their replacements at a cost of $50,000 for each man or woman, thus spending more than $60 million a year.[3]

That figure pales in comparison, however, to the cost of treating the obesity-related problems of military personnel and their families under the military's health care system, TRICARE, or the cost of treating obesity-related problems under the veterans' health care system.[4]

Although estimates of the current costs of obesity vary, the costs associated with obesity-related heart disease, diabetes, cancer and other health problems are clearly increasing. The American Public Health Association projects, for example, that "left unchecked, obesity will add nearly $344 billion to the nation's annual health care costs by 2018 and account for more than 21 percent of health care spending."[5]

Michigan's percentage of overweight/obese men and women from 18 – 24 years of age ranks 42.1% (Kentucky is the highest at 54.9%). Total number of individuals overweight or obese is 401,600.[6] A total of 15,200,000 pounds would have to be lost in order for Michiganians to achieve a normal weight, or the average person would have to lose 38 pounds.[7] The estimated annual obesity medical expenditures total cost to the Michigan population is $2,931,000,000.[8]

Solutions: 1) Get junk food/high calorie beverages out of schools; 2) increase funding for school lunch programs in order to provide more nutritious meals; and **3) support the development, testing, and deployment of proven public health interventions.**

[1,2] Niebuhr, D.W., Cavicchia, M.A., Bedno, S.A., Yuanzhang, L., Cowanm D.N., Barker, M.E. et al. (2009). Accession Medical Standards Analysis & Research Activity – Annual Report 2009. Silver Spring, MD: Walter Reed Army Institute of Research; Niebuhr, D.W., Cavicchia, M.A., Bedno, S.A., Cowan, D.N., Datu, J.D., Han, W. et al. (2009). Accession Medical Standards Analysis & Research Activity – Annual Report 2008. Silver Spring, MD: Walter Reed Army Institute of Research. For past AMSARA reports back to 1997, please see: Accession Medical Standards Analysis & Research Activity. (2004). Archived Annual Reports. Retrieved on February 23, 2010 from http://www.amsara.amedd.army.mil/reports/archiveindex.asp

[3,4] Dall, T.M., Zhang, Y., Chen, Y.J., Wagner, R.C., Hogan, P.F., Fagan, N.K. et al. (2007). Cost associated with being overweight and with obesity, high alcohol consumption, and tobacco use within the Military Health System's TRICARE prime-enrolled population. American Journal of Health Promotion, 22(2), 120-139.

[5] United Health Foundation. (2010). America's Health Rankings. Minnetonka, MN: Author. Retrieved on April 1, 2010 from http://unitedhealthfoundation.org/contact.html

[6,7] Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS).

[8] Finkelstein, 2004, *Health Affairs*

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MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH

Department of Homeland Security: Latest Threat in US Aimed to Poison Food

In December, 2010, Department of Homeland Security officials, along with the Department of Agriculture and the Food and Drug Administration warned of possible food contamination of salad bars and/or buffet in the hospitality industry. The threat includes the use of ricin and cyanide.

Basic symptoms of a poisoning by ricin or cyanide would be similar to that of food poisoning. However, 250 milligrams of either substance could be fatal to an average-sized adult.

How does the public become informed without negatively impacting economic interests in the hospitality industry? Local health departments/public health officials have been notified of possible threat and begin surveillance for reported foodborne illness and act swiftly to determine if it is an isolated incident or a terrorist attack and work closely with local, state, and federal authorities accordingly.

Provided for in the Food Code Law, a health officer or local health department may act on behalf of the appropriate state department.

The Food Code Law of 2000 (excerpted):

Under Section 289.2101 **Powers and duties of director (MDA).** (1) The director shall provide for the administration and enforcement of this act. **The director may delegate enforcement and administration of this act to certain local health departments** in the manner provided for in chapter III. (2) The director shall investigate complaints and initiate and conduct other investigations as he or she considers advisable to determine violations of this act.

289.3109 Local health departments as authorized agents. Sec. 3109. **Local health departments that are delegated authority by the director pursuant to this chapter are authorized agents of the director for the purpose of implementing and administering this act and rules promulgated under this act.**

289.2113 Order to cease food operations; resumption; reevaluation; hearing. Sec. 2113. (1) The director may order **immediate cessation of operation of a food establishment upon a determination that continued operation would create an imminent or substantial hazard to the public health.** (2) A food establishment ordered to cease food operations under subsection (1) shall not resume operations until the director determines, upon reevaluation, that the conditions responsible for the order to cease operations no longer exist.

289.3105 Enforcement; delegation to local health department; exceptions. Sec. 3105. (1) The department shall **delegate the authority and responsibility for the enforcement of the requirements pertaining to food service establishments** contained in this act and the rules promulgated under this act to local health departments meeting the program criteria provided for in this act and rules promulgated under this act. The local health departments shall enforce this act and the rules promulgated under this act and may delegate enforcement authority under an organization approved pursuant to section 2431 of the public health code, MCL 333.2431 (Public Health Code-Local Health Department Requirements.).

Upon notice, the local public health department will be the first to perform a foodborne illness investigation by retrieving a list of items consumed, identify customers, and report of symptoms. Following review of the food items consumed and laboratory samples, the agent will be determined for swift diagnosis and treatment and the need for local law enforcement in the event of deliberate tampering.

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[redacted]

Analysis of the Value of Local Public Health Operations Funding

April 2010

Prepared for
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EXECUTIVE SUMMARY

The Michigan Association for Local Public Health (MALPH) is a member organization comprised of Michigan's local public health departments. Each department endeavors to carry out its statutory responsibility of preventing disease, prolonging life, and promoting public health through organized programs in its area of the state. These organized programs encompass eight vital public health operations: immunizations, sexually transmitted disease (STD) control, infectious disease control, hearing screening, vision screening, food safety inspection, on-site sewage monitoring, and drinking water inspections.

The State of Michigan recognizes the importance of such programs; for that reason, the state has codified a cost-sharing formula into statute to share the responsibility of funding these programs. Unfortunately, Michigan's economy has steadily declined over the past decade and the state has not fulfilled its obligation to fund half the cost of these services. Local public health departments believe strongly in the importance of the programs they provide and have continued to manage these services with diminished resources. In order to demonstrate the value of these programs to the state, this report estimates the return on investment for these eight programs using data collected by the local health departments and by reviewing and applying existing return on investment research for similar programs.

- Every dollar invested in childhood immunization programs provides a savings of $22 in direct and indirect costs. Local health departments administered and monitored more than 1.5 million doses of childhood vaccine in 2009 using $4 million. The savings to the state as a result of this program were at least $88 million.
- Every H1N1 vaccination administered saves between $91 and $141 in direct medical costs. As a result, every dollar spent to administer those vaccinations provides a savings of $11.
- Chlamydia and gonorrhea are the two most commonly reported STDs and can be especially harmful to women. Left untreated, these diseases can develop into pelvic inflammatory disease (PID), which costs, on average, $3,600 to treat. Based on the number of women screened and referred for treatment, every dollar invested in STD screening results in at least $2.50 in savings.
- Surveillance of infectious disease is vital in understanding and halting disease outbreaks. Local health departments are responsible for tracking and reporting more than 100 diseases. Based on the costs of stemming the outbreak of just one of those diseases, bacterial meningitis, a conservative savings estimate for infectious disease control is $2.00 for every dollar invested.
- Untreated hearing loss costs about $250,000 in a lifetime, 75 percent of which is due to lost work productivity. Every dollar spent on hearing screening potentially saves $112 in future work productivity with appropriate early intervention.
- Vision screening is effective in early detection of eye problems that can largely be prevented with early treatment. Every dollar spent on vision screening saves $162.
- Local health departments are responsible for restaurant inspections, as well as investigation and follow-up when a suspected foodborne illness outbreak occurs. In 2009, approximately 187 confirmed cases of foodborne illness occurred, at an estimated cost of over $1.5 million for treatment. Costly foodborne illness outbreaks would be more likely in the absence of this program.
- Proper sewage disposal and clean drinking water are without a doubt one of the most important historical breakthroughs in public health. Unfortunately, the few outbreaks of waterborne illness that still occur today can be devastating, as evidenced by a recent outbreak in Walkerton, Ontario, a town with a population of 5,000. Medical expenses of almost $65 million were incurred when 2,300 residents became ill from ingesting *E. coli* through contaminated drinking water.

"Complacency is perhaps the cardinal sin for those charged with protecting public health. Infectious diseases, once thought conquered, are always marshalling their forces ready to strike back in the face of reduced vigilance. Recent years have demonstrated the remarkable potential for nature to generate new threats particularly when major changes are taking place in the human habitat and in behaviour."

Sir Liam Donaldson,
Journal of the Royal Society for the Promotion of Health[1]

LOCAL PUBLIC HEALTH OPERATIONS FUNDING

Michigan's 45 local public health departments play a vital role in protecting the public health of the residents of Michigan. Their role is considered so vital, in fact, that Michigan law requires the state to provide a minimum level of funding for eight basic health services. Michigan statute requires local health departments to "continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law."[2] The statute further defines local health departments' responsibilities as implementing and enforcing laws; utilizing statistics and research to protect the public health; investigating cause of disease and especially epidemics; planning, implementing, and evaluating public health education; preventing and controlling environmental health hazards, diseases, and health problems of particularly vulnerable populations; and having power to perform such duties and exercising that power.

While these duties may seem vast, eight basic services have developed which fulfill the statutory responsibility of local health departments. These services are immunizations, sexually transmitted disease control, infectious disease control, hearing screening, vision screening, food safety inspection, on-site sewage monitoring, and drinking water inspections.[3] The state, having recognized the resources required to adequately provide such services, developed and codified a cost-sharing formula to fund the delivery of these services. As of 1984, the state and local health departments were each required to fund half of these

[1] L. Donaldson, *Journal of the Royal Society for the Promotion of Health* 121 (2001): 146–151.
[2] Michigan Compiled Law, 333.2433.
[3] Although on-site sewage inspection and drinking water inspections are considered separate programs, discussion of these two areas will be grouped because they are administered so closely together.

services.[4] Despite this requirement, the state has not funded local health departments for these services at the statutorily required level in more than 15 years, leaving local health departments to scramble for supporting funds from other sources, either through fees or from local governing entities. Funding for these eight essential services in the local public health operations (LPHO) appropriation has decreased since 2003, when LPHO received $40.8 million. If LPHO funding had been adjusted each year for inflation, LPHO would currently be receiving $47.6 million. In fiscal year (FY) 2008–09, however, the LPHO appropriation was $40.6 million for these mandated services ($35.5 million General Fund; $5.1 million School Aid Fund). If the state were meeting its statutory obligation, regardless of inflationary increases, LPHO would have received $66.8 million in FY 2009–10.

Immunizations

Immunizations have been one of the most important tools in fighting and, in some cases, eradicating deadly infectious diseases. The importance of vaccinations cannot be overstated. The fear of polio, measles, and diphtheria is almost non-existent in today's society because of our effective local public health childhood immunization program. Seasonal outbreaks of new strands of serious influenza can be quickly quelled with well-organized vaccination campaigns. Local public health departments play a vital role in educating the public on the importance of vaccinations; tracking and reporting the number of people who have been vaccinated; and distributing vaccines for emergency outbreaks.

Michigan local public health departments receive approximately $4 million from the state to provide a comprehensive, statewide vaccination program that includes vaccine administration, technical support to private providers, and surveillance and reporting through the Michigan Care Improvement Registry.

Childhood vaccinations remain crucial in fighting the resurgence of deadly diseases. Routine childhood immunizations include DTaP (diphtheria, tetanus, and pertussis), Hib (Haemophilus influenzae type b), IPV (polio), MMR (measles, mumps, and rubella), and HepB (hepatitis B). In Michigan in 2009, more than 1.5 million doses of these vaccines were administered. Local public health departments record childhood immunizations so that children lacking proper vaccines can be easily identified. Local public health departments also work closely with schools and private providers to maintain appropriate vaccination coverage. The Centers for Disease Control and Prevention (CDC) reports that for every $1 spent on these childhood immunizations in 2001, $18.40 in savings were realized in direct and indirect costs.[5] Today that would be about $22 saved for every $1 invested. (Throughout this report, cost estimates are adjusted based only on the consumer price index and assume all other factors have remained the same.) If the childhood immunization program had been the only vaccination program local public health departments administered, the amount of money save in 2009 with a $4 million investment would have amounted to more than $88 million.

Childhood immunizations provided $22 in savings for every dollar invested.

In 2009, every dollar local health departments spent on H1N1 vaccinations provided up to $11 in direct and indirect savings.

Local public health departments' responsibilities for immunizations are greater than just childhood vaccinations. When the H1N1 strand of influenza began spreading at alarming rates in 2009, local public health departments had the sole responsibility of acquiring and distributing vaccines to the most vulnerable populations in the most expedient manner possible. Research conducted in 2009 estimated the

[4] Michigan Compiled Law, 333.2475.

[5] F. Zhou, J. Santoli, M. L. Messonnier, H. R. Yusuf, A Shefer, S. Y. Chu, L. Rodewald, and R. Harpaz, Economic Evaluation of the 7-vaccine Childhood Immunization Schedule in the United State, 2001, *Archives of Pediatric Adolescent Medicine*, 159, no. 12 (2005): 1136–44.

savings incurred as a result of H1N1 vaccinations. Each H1N1 immunization saves between $91 and $141 in medical costs, depending on when the vaccination is administered.[6]

Last year, 1,483,233 people in Michigan received the H1N1 vaccine. Local health departments received $19 million in federal emergency funds to administer the H1N1 vaccination program. Based on the number of vaccines administered, the cost to administer each one averaged $13, meaning every $13 invested in this program saved up to $141. As a result, every dollar invested in H1N1 vaccinations saved up to $11 in direct and indirect costs. Without question, any money spent on immunizing the population provides a substantial economic return on investment.

Sexually Transmitted Disease Control

Local public health departments are required to provide screening for a variety of sexually transmitted diseases (STDs). Screening for STDs is vital to early treatment of infections and prevention of epidemics. Unfortunately, Michigan has seen an uptick in the number of STDs reported,[7] paralleling a nationwide trend of increasing rates of STDs.[8] More than 58,000 cases of STDs were reported in Michigan in 2009, up from 55,000 in 2007. With early treatment, many of these can be easily cured without causing further health complications. The majority of STD screenings are for chlamydia, gonorrhea, syphilis, and HIV.

Each dollar allocated for STD screening through LPHO realized $2.50 in savings.

Chlamydia and gonorrhea are two of the most common bacterial STDs occurring today, with chlamydia the most frequently reported. Both chlamydia and gonorrhea can lead to a number of serious health problems for women, including pelvic inflammatory disease (PID). PID is an infection of the uterus that can lead to serious health consequences including infertility, ectopic pregnancy, abscess formation, and chronic pelvic pain. The CDC recommends annual chlamydia and gonorrhea screening for all sexually active women under the age of 25.

During FY 2008–09, local public health departments conducted 113,444 screenings for chlamydia for both men and women. Of those, 6,291 women received a positive diagnosis. The number of men and women screened for gonorrhea totaled 93,731. Of those, 1,302 women had a positive diagnosis.

From the total LPHO funds for FY 2008–09, $5.7 million was disbursed among local health departments for STD screening. It costs less than $30 to conduct each test. The economic impact of screening for STDs has been thoroughly studied and the savings are significant. In 1998, researchers in Baltimore determined that up to 40 percent of untreated chlamydia cases progress to PID.[9] A similar study in 2000 determined that up to 40 percent of untreated gonorrhea cases can progress to PID as well.[10] Treatment costs for PID averaged $3,600[11] in 1998; adjusted for inflation, each case would have cost about $4,800 in 2009. If 40 percent of the chlamydia and gonorrhea cases identified and treated for women in Michigan in FY 2008–09 (3,037) had gone undetected and progressed to PID, the costs associated with these diseases

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[6] N. Khazeni, D. W. Hutton, A. M. Garber, N. Hupert, and D. K. Owens, Effectiveness and Cost-Effectiveness of Vaccination Against Pandemic Influenza (H1N1) 2009, *Annals of Internal Medicine* 151, no. 12 (December 12, 2009), available online at *http://www.annals.org/content/early/2009/10/05/0003-4819-151-12-200912150-00157.full* (accessed 3/31/10).

[7] Michigan Department of Community Health, Bureau of Laboratory Testing Database, January 2009.

[8] Centers for Disease Control and Prevention (CDC), Division of STD Prevention, *Sexually Transmitted Disease Surveillance 2007* (Atlanta, Ga.: CDC, Division of STD Prevention, December 2008).

[9] R. M. Howell, T. Quinn, and C. Gaydos, Screening for Chlamydia Trachomatis in Asymptomatic Women Attending Family Planning Clinics: A Cost-Effectiveness Analysis of Three Strategies, *Annals of Internal Medicine* 128, no. 4 (February 15, 1998): 277–84.

[10] H. W. Chesson, J. M. Blandford, T. L. Gift, G. Tao, and K. L. Irwin, The Estimated Direct Medical Cost of Sexually Transmitted Diseases Among American Youth, 2000, *Perspectives on Sexual and Reproductive Health* 36, no. 1 (Jan/Feb 2004): 11–19.

[11] Howell et al., Screening for Chlamydia Trachomatis in Asymptomatic Women.

alone would have been about $14.5 million. Therefore, each dollar allocated for STD screening through LPHO realized at least $2.50 in savings.

Infectious Disease Control

Local public health departments are the only central tracking source in the state for infectious disease incidence; that is, all new cases of infectious disease are reported to local health departments for monitoring and investigation. This surveillance is instrumental in preventing serious disease epidemics. The State of Michigan maintains a list of reportable diseases, including influenza, meningitis, and measles. Many of these diseases are capable of affecting vast portions of the population if they spread uncontrollably, which would have an untold fiscal impact on the state in terms of medical expenses and economic loss. Local health departments enter new diagnoses into a statewide tracking system each week; this tracking system allows for real-time monitoring and response to outbreaks. Local public health departments in 2009 monitored more than 777,000 newly diagnosed cases of the more than 100 reportable diseases throughout the state.

Every dollar invested in infectious disease surveillance saved at least $2.00.

Tracking reportable disease at the local level ensures proper identification and follow-up of diseases. Local health departments ensure that those affected receive appropriate treatment; track other people with whom infected individuals may have had contact for vaccination, treatment, quarantine, and education; and investigate and stop outbreaks. This surveillance helps public health authorities monitor incidence of reportable diseases, measure trends, assess and develop prevention and control strategies, and target at-risk populations. While surveillance is vital in controlling the spread of disease, it is also important to detect sudden changes in disease occurrence and distribution and to understand why those changes occur.

The CDC defines a reportable disease as one for which regular, frequent, and timely information regarding individual cases is necessary for the prevention and control of disease.[12] While many diseases on the list are of relatively little concern to many today (leprosy, plague, and polio, for example), some are illnesses that continue to manifest and evolve. Meningococcal disease, commonly called meningitis, is one such illness. Meningitis is an inflammation of the tissue surrounding the spinal cord, and can be either viral or bacterial. Bacterial meningitis is more serious than viral meningitis, but neither can be definitively diagnosed without extracting tissue from the spinal column, which is a very costly procedure. Bacterial meningitis can be treated with antibiotics; viral meningitis, although less serious, cannot be treated with antibiotics. Due to the difficulty of determining what type of meningitis a person has contracted, however, antibiotics may be administered as a precaution until test results are available. If practitioners are aware of an increase in viral meningitis incidence, they can follow best practices for treating viral meningitis instead of immediately ordering more expensive testing and treatments.

A study of a 1991 meningitis outbreak in Rhode Island estimated direct medical costs for 408 persons diagnosed to be more than $585,000.[13] Because of the difficulty of diagnosing meningitis, at least 359 patients were admitted to a hospital, although better coordination and communication about symptoms and diagnosis between the providers, public health, and hospitals could have prevented hospitalization. Only ten of these cases were bacterial infections; the overwhelming majority of cases were viral. On average, cost estimates for treating a person with bacterial meningitis are $8,145.[14] The authors of this

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[12] Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report: Summary of Notifiable Diseases – United States, 2007*, 56, no. 53 (July 9, 2009): 2.

[13] S. Rice, R. Heinl, L., Thornton, and S. Opal, Clinical Characteristics, Management Strategies, and Cost Implication of a Statewide Outbreak of Enterovirus Meningitis, *Clinical Infectious Diseases* 20, NO. 4 (April 1995): 931–37.

[14] L. Jackson, A. Schuchat, R. Gorsky, and J. Wenger, Should College Students be Vaccinated Against Meningococcal Disease? A Cost-Benefit Analysis. *American Journal of Public Health* 85, no. 6 (June 1995): 84345.

research conclude that "if the community response to the outbreak had been more focused, it might have cut costs considerably" because patients with viral meningitis do not benefit from expensive testing and treatment, like head CT or antibiotics.[15]

In 2009, 338 new cases of bacterial meningitis were reported in Michigan.[16] Based on previous estimates for diagnosing and treating meningitis, each case would cost approximately $11,500 today. Medical costs for those cases could have exceeded $3.8 million. In FY 2008–09, Michigan's local public health departments received almost $6.6 million for infectious disease control. While it is impossible to guess how many other people would have contracted bacterial meningitis without the surveillance provided by health departments, if each of those persons had contact with even three other people who contracted meningitis (which is likely since many outbreaks of meningitis occur on college campuses, where young adults live in close quarters), medical costs would have been in excess of $15 million, more than twice what the state invests in disease surveillance and investigation for *all* reportable diseases. Therefore, a very conservative estimate for the savings resulting from surveillance would be $2 for every $1 invested.

Hearing Screening

Hearing screening for school-age children is standard practice in the United States. The Individuals with Disabilities Education Act of 2004 requires states to identify children with disabilities, including hearing loss. Michigan requires that children be screened at least once between the ages of three and five, and every other year up to the age of 12. Local public health departments fund the cost of the screenings in conjunction with the state. Some children pass an initial screening, but are still at risk for hearing loss that fluctuates, is progressive, or is acquired later in development. Hearing loss can affect a child's ability to succeed in school, and early intervention has been proven effective in minimizing any negative effects on learning. Hearing loss can also be an indicator for more serious disorders, including Hunter's syndrome, a neurodegenerative disorder.

Every dollar invested in hearing screening saves $112 in future work productivity.

In FY 2008–09, local public health departments received $2.5 million to conduct 500,000 hearing screenings. Three percent of children screened were referred for follow-up. Early intervention for children with hearing loss has proven to significantly improve future development. Children with mild to moderate hearing loss, on average, achieve one to four grade levels lower than children with normal hearing.[17] With appropriate management, the achievement gap can be bridged.

Untreated hearing loss costs about $250,000 in a lifetime; 75 percent of that amount is attributable to lost work productivity.[18] On average, 0.3 percent of children have hearing loss.[19] This would translate into 1,500 of the children screened by local public health departments in Michigan in the 2008–09 school year. If these children receive assistance early, the overall cost of hearing loss could be significantly reduced and could result in future work productivity savings of $280 million. Therefore, each dollar spent on hearing screening potentially saves $112 in future work productivity, with appropriate intervention.

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[15] Rice et al., Clinical Characteristics, Management, Strategies, and Cost Implications.

[16] Michigan Department of Community Health, Michigan Disease Surveillance System, December 2009.

[17] American Speech Language Association, *The Prevalence and Incidence of Hearing Loss, 2010*, available online at *http://www.asha.org/public/hearing/disorders/children.htm* (accessed 3/31/10).

[18] P. E. Mohr, J. Feldman, and J. Dunbar, The Societal Cost of Severe to Profound Hearing Impairment in the United States, *Annual Meeting off the International Society of Technology Assessment in Health Care Meeting* 16, no. 4 (2000): 1120–35.

[19] National Institutes on Deafness and Other Communication Disorders (NIDCD), *Outcomes Research in Children with Hearing Loss* (Bethesda, Md.: NIDCD, December 2006).

Vision Screening

Vision screening for school-age children is another program provided by local public health departments. Health departments fund the costs of vision screenings in conjunction with the state. Children must be screened at least once between the ages of three and five, and then every other year through the ninth grade. Vision screening is effective in early detection of eye problems that can largely be prevented with early treatment, such as amblyopia, or "lazy eye."

Every dollar invested in vision screening saves $162.

Local health departments screened 682,000 children for vision problems in 2008; more than 67,000 children were referred for follow-up and treatment, or just under 10 percent of children screened. For FY 2008–09, local public health departments received $2.6 million for the vision screening program.

Vision screening has been shown to provide a cost savings. A study conducted in 2003 determined that all visual screening programs had a positive benefit-to-cost ratio, meaning that the benefits of screenings exceeded the costs of screenings. Every dollar spent on visual acuity screenings for preschool and school-age children realizes savings of up to $162.[20] This means that the screening program in 2008 offered a benefit to the state of more than $421 million with an investment of $2.6 million.

Food Safety Inspection

Local health departments work in conjunction with the Michigan Department of Agriculture (MDA) to ensure the safety of food served in restaurants. The local health departments are responsible for planning reviews, conducting inspections, processing license applications, enforcing policies, and investigating complaints and foodborne illness outbreaks. The MDA provides evaluation, consultation, and training services to sanitarians in local health departments. In 2009, 194 full-time equivalent (FTE) inspectors conducted more than 94,000 inspections; 67 percent of those were routine inspections and the rest were follow-up or temporary food service activities. Each inspector conducts an average of 487 inspections annually.[21]

Local public health departments are responsible for investigation and follow-up when a suspected foodborne illness outbreak occurs. In Michigan, this is defined as an incident involving two or more cases, not in the same household, of people who have ingested a common food and have similar symptoms. In 2009, 150 potential foodborne illness outbreaks were identified. Of those, 20 were classified as probable foodborne illness outbreaks comprising 467 confirmed illnesses. Norovirus was confirmed as the cause of three outbreaks, clostridium perfringens caused two outbreaks, and salmonella was the confirmed cause of another three outbreaks, resulting in 187 cases of disease. The number of confirmed outbreaks and illnesses is low, however, due to indeterminate conclusions or lack of conclusions from investigations. The cost of these illnesses can range from the price of a simple medical visit to more severe cases that result in hospitalization and even death. Research on the cost of salmonella suggests that in 1999 a physician visit for salmonella infection cost $315.[22] Adjusted for inflation, that would be $408 in 2009. For more severe cases, researchers estimate costs for salmonella at about $5,460,[23] and for clostridium perfringens about $6,400.[24] In 2009, that would be between $7,000 and

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[20] V. Joish, D. C. Malone, and J. M. Miller, A Cost-Benefit Analysis of Vision Screening Methods for Preschool-age Children, *Journal of American Association for Pediatric Ophthalmology and Strabismus*. 7, no. 4 (2003): 283–90.

[21] Michigan Department of Agriculture (MDA), Food and Dairy Division, *Annual Report Fiscal Year 2009* (Lansing, Mich.: MDA, Food and Dairy Division, 2009).

[22] P. Frenzen, L. Riggs, J. Buzby, T. Breuer, T. Roberts, D. Voetsch, and S. Reddy, Salmonella Cost Estimate Updated Using FoodNet Data, *FoodReview* 22, no. 2 (1999): 10–15.

[23] Ibid.

$9,600 per case. These costs are for medical care only and do not take into account the cost to society due to lost productivity.

The food inspection program is funded jointly by the state and through local fees and taxes. In 2009, the state allocated $8.25 million. Based on the number of illnesses identified and investigated with confirmed cause (187 norovirus, clostridium perfringens, and salmonella combined), medical costs due to foodborne illness outbreaks, using an average cost of $8,300 per case, can be estimated at more than $1.5 million. These costs likely would have been much greater in the absence of state inspections and investigations.

The investment by the state into ensuring food safety through local inspections and enforcement has provided incalculable savings by guaranteeing timely inspection and follow-up to prevent foodborne illness outbreaks and limit the impact when outbreaks occur. This service is not only vital for Michigan residents, but is also important for ensuring a safe and thriving tourist economy.

On-Site Sewage & Water Well Inspections

Protecting the state's groundwater is vital for the continued health of Michigan citizens. Effective systems for sewage disposal and vigilant testing of groundwater are two of the most important methods to protect Michigan's water. Properly disposing of sewage has proven throughout history to protect populations from serious infectious illness. Diseases such as cholera and typhoid that were capable of destroying entire cities are no longer an issue in the United States. Local health departments work with the Michigan Department of Natural Resources and Environment to survey and approve potential sewage systems within their communities, as well as approve new wells for drinking water. While quantifying the value of effective sewage disposal and clean drinking water is nearly impossible, the virtual eradication of diseases such as cholera and typhoid has clearly contributed to the economic success of developed nations.

Although industrialized nations have been successful in stemming outbreaks of deadly diseases such as cholera, health officials must still be vigilant against other infections, like *E. coli*. In Michigan, some bodies of water have been damaged due to lack of public health oversight.

Twenty years ago, the quality of Lake St. Clair, in Macomb County, had been severely compromised. In the late 1990s, a group of government officials came together to address the problems resulting from the water quality: compromised drinking water, depressed tourism resulting from beach closures and the safety of the lake for swimming, damage to the plants and animals of the Lake St. Clair watershed ecosystem, and the safety of using the lake for recreational sports.[25] Many recommendations for protecting the watershed focus on the responsibilities of the local health department to enhance and maintain ongoing water quality monitoring, establishing education programs for septic owners, and instituting preventive and corrective action steps for nonfunctional septic systems. Recognizing the importance of protecting water resources keeps citizens safe and is important for many sectors of our economy, including agriculture and tourism.

A sobering example of the danger and expense of contaminated drinking water can be illustrated by an *E. coli* outbreak in the city of Walkerton, Ontario, located 200 miles northwest of Detroit. In May of 2000, a severe rainfall resulted in an influx of contaminants into one of the city's wells. Days later, 20 children were home from school and two children were admitted into the hospital with *E. coli*-like symptoms. The public works department had tested the well and found adverse results, but did not take the appropriate steps necessary to detoxify the water with chlorine, nor did they notify the health department of the risk

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[24] United States Department of Agriculture (USDA), Food and Consumer Economics Division, *Bacterial Foodborne Disease: Medical Costs and Productivity Losses* (Washington, D.C.: USDA, Food and Consumer Economics Division, August 1996).

[25] Macomb County Blue Ribbon Commission on Lake St. Clair, *Report and Recommendations* (N.p.: Macomb County Blue Ribbon Commission on Lake St. Clair, September 5, 2008). Available online at *http://www.macombcountymi.gov/publichealth/EH/Documents/Blue%20Ribbon%20ReportII.pdf* (accessed 3/21/10).

posed by the tainted water. Within six days, seven people had died and 2,300 had become ill because of the *E. coli* in the drinking water. The economic effect on this town of 5,000 residents as a result of the contaminated drinking water was $64.5 million in direct medical costs, or $13,000 per resident, and $90 million in indirect costs. Additionally, real estate values declined by a total of $1.1 million and costs to local businesses were estimated at about $651,000.[26] Michigan invests almost $9.3 million annually to maintain clean drinking water and ensure appropriate sewage disposal. In 2008, local health departments issued almost 19,000 permits for new sewage disposal construction, in addition to conducting 20,000 inspections and performing over 16,500 land evaluations for future sewage systems. In 2009, 11,700 sites were evaluated for drilling and 12,000 new well permits were issued.[27] The costs avoided by preventing just one epidemic far exceed the costs of these activities.

Conclusion

The practice of modern public health has evolved over centuries. A solid public health framework is one of the characteristics that separate industrialized nations from the developing world. Our health departments' ability to administer vaccinations, monitor the spread of disease, identify hearing and vision deficiencies to assure educational success, protect against foodborne illness, and ensure the safety of drinking water undoubtedly contribute to the health and safety of our communities. Living in communities with a diminished risk of contracting life-threatening illnesses enables Michigan's residents to make important contributions to the economy of the state, the nation, and the world.

As demonstrated for each of the eight statutorily required program areas, the investment made by the state provides real economic value and saves money in terms of both direct medical expenses and indirect costs from lost productivity. Based on the examples in this report, one can safely estimate that overall, every dollar invested in local public health activities realizes a significant cost savings. And this says nothing of the lives that public health saves. These are investments—in lives and in dollars—that are well worth preserving and strengthening.

[26] Ontario Ministry of the Attorney General, *Part One: Report of the Walkerton Commission Inquiry* (Toronto, Ontario: Publications Ontario, 2002).

[27] Michigan Department of Natural Resources and Environment, Water and Sewage Database, March 2010.

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

PART 24
LOCAL HEALTH DEPARTMENTS

333.2401 Meanings of words and phrases; general definitions and principles of construction.

Sec. 2401. (1) For purposes of this part, the words and phrases defined in sections 2403 to 2408 have the meanings ascribed to them in those sections.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2403 Definitions; A to D.

Sec. 2403. (1) "Allowable service" means a health service delivered in a city, county, district, or part thereof, which is not a required service but which the department determines is eligible for cost reimbursement pursuant to sections 2471 to 2498.

(2) "County" includes a unified county unless otherwise specified.

(3) "District" means a multi-county or city-county district served by a health department created under section 2415.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2406 Definitions; L.

Sec. 2406. "Local governing entity" means:

(a) In case of a single county health department, the county board of commissioners.

(b) In case of a district health department, the county boards of commissioners of the counties comprising the district.

(c) In case of a district health department which includes a single city health department, the county boards of commissioners of the counties comprising the district and the mayor and city council of the city.

(d) In case of a single city health department, the mayor and city council of the city.

(e) In the case of a local health department serving a county within which a single city health department has been created pursuant to section 2422, the county board of commissioners elected from the districts served by the county health department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2408 Definitions; R to U.

Sec. 2408. (1) "Required service" means a local health service specifically required pursuant to this part or specifically required elsewhere in state law, except a service specifically excluded by this part or a rule promulgated pursuant to this part.

(2) "Unified county" means a county having an optional unified form of county government under Act No. 139 of the Public Acts of 1973, as amended, being sections 45.551 to 45.573 of the Michigan Compiled Laws.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2411 Division of powers and duties.

Sec. 2411. (1) Where the governing entity of a local health department includes a unified county, the powers and duties vested in the county board of commissioners and county executive in that county shall be divided in accordance with Act No. 139 of the Public Acts of 1973, as amended.

(2) Where the local governing entity of a local health department includes a city, the powers and duties vested in the mayor and city council shall be divided as provided by law and the city charter.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2413 County health department; county board of health.

Sec. 2413. Except if a district health department is created pursuant to section 2415, the local governing entity of a county shall provide for a county health department which meets the requirements of this part, and

may appoint a county board of health.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2415 Creation of district health department; composition of district board of health.

Sec. 2415. Two or more counties or a city having a population of 750,000 or more and 1 or more counties, by a majority vote of each local governing entity and with approval of the department, may unite to create a district health department. The district board of health shall be composed of 2 members from each county board of commissioners or in case of a city-county district 2 members from each county board of commissioners and 2 representatives appointed by the mayor of the city. With the consent of the local governing entities affected, a county or city may have a greater number of representatives.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2417 Claim against district health department; audit; allowance of claim; report; appeal; apportionment of allowed claims; formula; voucher.

Sec. 2417. A claim against a district health department shall be audited by the district board of health which has the same power to allow the claim that a local governing entity has as to claims against a county or city. If the district board of health meets less often than once a month, a claim may be allowed by the local health officer and 1 member of the district board of health who shall report the action to the board at its next regular meeting. The same right of appeal from the decision of the district board of health as to a claim exists as from a similar decision of a local governing entity. The total amount of the allowed claims shall be apportioned among the local governing entities of the district using a formula approved by the district health board. The formula determined by the district health board shall be approved by the state department of treasury. A voucher for an allowed claim shall be issued by the officers of each local governing entity for its apportioned share.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2419 Employment of personnel; consolidation of functions.

Sec. 2419. Two or more local governing entities may contract for the employment of personnel or the consolidation of functions of their local health departments under a plan approved by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2421 City health department; creation; powers and duties.

Sec. 2421. A city having a population of 750,000 or more may create a city health department which shall be considered a local health department for purposes of this code, if the requirements of sections 2422 to 2424 are met. If a city creates a health department, that department and its local governing entity shall have the powers and duties of a local health department or local governing entity as provided by this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2422 Selection of option by city; notice of intent.

Sec. 2422. Not later than 6 months after the effective date of this part, a city having a population of 750,000 or more shall select an option permitted under this section in a manner consistent with its charter and shall notify the department of the city's intent to do 1 of the following:

(a) Create a city health department pursuant to a plan developed under section 2424.

(b) Join with the county or district in which the city is located to create a district health department pursuant to section 2415 and a plan developed under section 2424.

(c) Decline to exercise the options in subdivision (a) or (b), in which case the local health department otherwise having jurisdiction in the county in which the city is located, pursuant to a plan developed under section 2424, shall assume the powers and duties of a local health department in the city.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2423 Selection of option by city; failure to notify department; continuing local financial support for affected services.

Sec. 2423. Failure to notify the department under section 2422 is considered an exercise of the option in section 2422(c). Selection of the option in section 2422(a) or (b) does not preclude the selection of the option in section 2422(c) and the implementation of section 2424 at a later time. During the transition period, a city exercising the option in section 2422(c) shall continue local financial support for affected services at a level considered by the department to be consistent with support previously provided by the city, or with the requirements of the approved plan.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2424 Selection of option by city; planning period; transition plan; responsibility for local cost of required services; approval of developed plan; disposition of federal funds.

Sec. 2424. (1) A city selecting an option under section 2422 has a planning period of:

(a) One year after the selection of the option in section 2422(a).

(b) Eighteen months after the selection of the option in section 2422(b) or (c).

(2) During the planning period the affected local governing entities shall develop and adopt a plan setting forth the arrangements, agreements, and contracts necessary to establish a local health department pursuant to the exercised option and prescribing a timetable for the indicated transition. The transition plan shall provide that a city shall assume full financial liability for the local cost of services or programs provided by the city or transferred to the city by another local governing entity by virtue of the exercise of the option in section 2422(a). The plan shall include contracts providing that an employee transferred under the plan shall not lose any benefit or right as a result of the transfer. Upon completion of the transition period, a city exercising that option is solely responsible for the local cost of all required services under this part.

(3) By the end of the planning period, the developed plan shall be submitted to the department for approval. If a plan is not submitted or approved, the department shall develop a transition plan during the 6 months after the end of the planning period and, upon completion, the plan shall be an approved plan under this section.

(4) Subject to federal law and regulations, disposition of federal funds shall be made in accordance with the approved plan and option exercised.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2426 Real and personal property of village or township board or department of health; title; use and administration.

Sec. 2426. The title to real and personal property of a village or township board or department of health, including cemetery and trust property, shall vest in the village or township and be held in its name as of the effective date of the repeal by this code of provisions authorizing the creation of boards or departments of health. The property shall be used and administered by the village or township, or appropriate agency thereof, as provided by law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2428 Local health officer; appointment; qualifications; powers and duties.

Sec. 2428. (1) A local health department shall have a full-time local health officer appointed by the local governing entity or in case of a district health department by the district board of health. The local health officer shall possess professional qualifications for administration of a local health department as prescribed by the department.

(2) The local health officer shall act as the administrative officer of the board of health and local health department and may take actions and make determinations necessary or appropriate to carry out the local health department's functions under this part or functions delegated under this part and to protect the public health and prevent disease.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2431 Local health department; requirements; report; reviewing plan for organization of local health department; waiver.

Sec. 2431. (1) A local health department shall:

(a) Have a plan of organization approved by the department.

(b) Demonstrate ability to provide required services.

(c) Demonstrate ability to defend and indemnify employees for civil liability sustained in the performance of official duties except for wanton and wilful misconduct.

(d) Meet the other requirements of this part.

(2) Each local health department shall report to the department at least annually on its activities, including information required by the department.

(3) In reviewing a plan for organization of a local health department, the department shall consider the fiscal capacity and public health effort of the applicant and shall encourage boundaries consistent with those of planning agencies established pursuant to federal law.

(4) The department may waive a requirement of this section during the option period specified in section 2422 based on acceptable plan development during the planning period described in section 2424 and thereafter based on acceptable progress toward implementation of the plan as determined by the department.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1985, Act 18, Imd. Eff. May 16, 1985.

Popular name: Act 368

333.2433 Local health department; powers and duties generally.

Sec. 2433. (1) A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

(2) A local health department shall:

(a) Implement and enforce laws for which responsibility is vested in the local health department.

(b) Utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.

(c) Make investigations and inquiries as to:

(*i*) The causes of disease and especially of epidemics.

(*ii*) The causes of morbidity and mortality.

(*iii*) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.

(d) Plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.

(e) Provide or demonstrate the provision of required services as set forth in section 2473(2).

(f) Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law.

(g) Plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both.

(3) This section does not limit the powers or duties of a local health officer otherwise vested by law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2435 Local health department; additional powers.

Sec. 2435. A local health department may:

(a) Engage in research programs and staff professional training programs.

(b) Advise other local agencies and persons as to the location, drainage, water supply, disposal of solid waste, heating, and ventilation of buildings.

(c) Enter into an agreement, contract, or arrangement with a governmental entity or other person necessary or appropriate to assist the local health department in carrying out its duties and functions unless otherwise prohibited by law.

(d) Adopt regulations to properly safeguard the public health and to prevent the spread of diseases and sources of contamination.

(e) Accept gifts, grants, bequests, and other donations for use in performing the local health department's functions. Funds or property accepted shall be used as directed by its donor and in accordance with the law, rules, and procedures of this state and the local governing entity.

(f) Sell and convey real estate owned by the local health department.

(g) Provide services not inconsistent with this code.

(h) Participate in the cost reimbursement program set forth in sections 2471 to 2498.

(i) Perform a delegated function unless otherwise prohibited by law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2437 Exercise by department of public health of power vested in local health department.

Sec. 2437. The department, in addition to any other power vested in it by law, may exercise any power vested in a local health department in an area where the local health department does not meet the requirements of this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2441 Adoption of regulations; purpose; approval; effective date; stringency; conflicting regulations.

Sec. 2441. A local health department may adopt regulations necessary or appropriate to implement or carry out the duties or functions vested by law in the local health department. The regulations shall be approved or disapproved by the local governing entity. The regulations shall become effective 45 days after approval by the local health department's governing entity or at a time specified by the local health department's governing entity. The regulations shall be at least as stringent as the standard established by state law applicable to the same or similar subject matter. Regulations of a local health department supersede inconsistent or conflicting local ordinances. .

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1986, Act 76, Imd. Eff. Apr. 7, 1986;—Am. 2010, Act 72, Imd. Eff. May 13, 2010.

Popular name: Act 368

333.2442 Adoption of regulation; notice of public hearing.

Sec. 2442. Before adoption of a regulation the local health department shall give notice of a public hearing and offer any person an opportunity to present data, views, and arguments. The notice shall be given not less than 10 days before the public hearing and not less than 20 days before adoption of the regulation. The notice shall include the time and place of the public hearing and a statement of the terms or substance of the proposed regulation or a description of the subjects and issues involved and the proposed effective date of the regulation. The notice shall be published in a manner calculated to give notice to persons likely to be affected by the proposed regulation. Methods which may be employed, depending on the circumstances, include publication of the notice in a newspaper of general circulation in the jurisdiction, or when appropriate, in a trade, industry, governmental, or professional publication.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2443 Violation of regulation or order; misdemeanor; penalty.

Sec. 2443. Except as otherwise provided in this act, a person who violates a regulation of a local health department or order of a local health officer under this act is guilty of a misdemeanor punishable by imprisonment for not more than 6 months or a fine of not more than $200.00, or both.

History: Add. 2010, Act 72, Imd. Eff. May 13, 2010.

Popular name: Act 368

333.2444 Fees for services; expenses and compensation.

Sec. 2444. (1) A local governing entity, or in case of a district the district board of health, may fix and require the payment of fees for services authorized or required to be performed by the local health department. The local governing entity or district board may revoke, increase, or amend the fees. The fees charged shall not be more than the reasonable cost of performing the service.

(2) Members of a local board of health may receive necessary traveling expenses for attending meetings and may receive compensation as determined by the local governing entity for each meeting attended.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2446 Inspection or investigation.

Sec. 2446. To assure compliance with laws enforced by a local health department, the local health department may inspect, investigate, or authorize an inspection or investigation to be made of, any matter, thing, premise, place, person, record, vehicle, incident, or event. Sections 2241 to 2247 apply to an inspection or investigation made under this section.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2448 Intergovernmental contracts; existing contracts not affected.

Sec. 2448. (1) A city, county, district, or part thereof may enter into an intergovernmental contract necessary or appropriate to a reorganization or an assumption or relinquishing of a health jurisdiction or function authorized by this part. The contract shall provide that an employee transferred shall not lose any benefit or right as a result of the transfer.

(2) This section does not affect existing contracts between cities and counties for the provision of health services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2451 Imminent danger to health or lives; informing individuals affected; order; noncompliance; petition to restrain condition or practice; "imminent danger" and "person" defined.

Sec. 2451. (1) Upon a determination that an imminent danger to the health or lives of individuals exists in the area served by the local health department, the local health officer immediately shall inform the individuals affected by the imminent danger and issue an order which shall be delivered to a person authorized to avoid, correct, or remove the imminent danger or be posted at or near the imminent danger. The order shall incorporate the findings of the local health department and require immediate action necessary to avoid, correct, or remove the imminent danger. The order may specify action to be taken or prohibit the presence of individuals in locations or under conditions where the imminent danger exists, except individuals whose presence is necessary to avoid, correct, or remove the imminent danger.

(2) Upon the failure of a person to comply promptly with an order issued under this section, the local health department may petition a circuit or district court having jurisdiction to restrain a condition or practice which the local health officer determines causes the imminent danger or to require action to avoid, correct, or remove the imminent danger.

(3) As used in this section:

(a) "Imminent danger" means a condition or practice which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures otherwise provided.

(b) "Person" means a person as defined in section 1106 or a governmental entity.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2453 Epidemic; emergency order and procedures; involuntary detention and treatment.

Sec. 2453. (1) If a local health officer determines that control of an epidemic is necessary to protect the public health, the local health officer may issue an emergency order to prohibit the gathering of people for any purpose and may establish procedures to be followed by persons, including a local governmental entity, during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.

(2) A local health department or the department may provide for the involuntary detention and treatment of individuals with hazardous communicable disease in the manner prescribed in sections 5201 to 5238.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2455 Building or condition violating health laws or constituting nuisance, unsanitary condition, or cause of illness; order; noncompliance; warrant; assessment and collection of expenses; liability; judicial order; other powers not affected.

Sec. 2455. (1) A local health department or the department may issue an order to avoid, correct, or remove, at the owner's expense, a building or condition which violates health laws or which the local health officer or director reasonably believes to be a nuisance, unsanitary condition, or cause of illness.

(2) If the owner or occupant does not comply with the order, the local health department or department may cause the violation, nuisance, unsanitary condition, or cause of illness to be removed and may seek a warrant for this purpose. The owner of the premises shall pay the expenses incurred.

(3) If the owner of the premises refuses on demand to pay expenses incurred, the sums paid shall be assessed against the property and shall be collected and treated in the same manner as taxes assessed under

the general laws of this state. An occupant or other person who caused or permitted the violation, nuisance, unsanitary condition, or cause of illness to exist is liable to the owner of the premises for the amount paid by the owner or assessed against the property which amount shall be recoverable in an action.

(4) A court, upon a finding that a violation or nuisance may be injurious to the public health, may order the removal, abatement, or destruction of the violation or nuisance at the expense of the defendant, under the direction of the local health department where the violation or nuisance is found. The form of the warrant to the sheriff or other law enforcement officer may be varied accordingly.

(5) This section does not affect powers otherwise granted to local governments.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2458 Establishment of cemetery; requirements; determinations; approval; disposition of plats; vacating cemetery; removal and reinterment of bodies and remains.

Sec. 2458. (1) A person or governmental entity shall not establish a cemetery in this state until a description of the premises and a plat showing the cemetery's division is filed in duplicate with the local health department having jurisdiction of the premises. A local health department shall not approve a proposed cemetery if the local health department determines that establishment or operation of the cemetery would be injurious to the public health. The local health department shall determine whether it is safe and healthful for a cemetery to be established in the proposed location and if the local health department approves the location and the plat of the premises, the local health department shall indorse its approval on both plats. When the establishment of a cemetery is approved, 1 plat shall be returned to the proprietor and the other shall be retained and preserved by the local health department.

(2) The local health department shall supervise activities to vacate a cemetery and the removal and reinterment of bodies and remains.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2461 Violation; schedule of monetary civil penalties; issuance, contents, and delivery of citation.

Sec. 2461. (1) In the manner prescribed in sections 2441 and 2442 a local governing entity may adopt a schedule of monetary civil penalties of not more than $1,000.00 for each violation or day that the violation continues which may be assessed for a specified violation of this code or a rule promulgated, regulation adopted, or order issued which the local health department has the authority and duty to enforce.

(2) If a local health department representative believes that a person has violated this code or a rule promulgated, regulation adopted, or order issued under this code which the local health department has the authority and duty to enforce, the representative may issue a citation at that time or not later than 90 days after discovery of the alleged violation. The citation shall be written and shall state with particularity the nature of the violation, including reference to the section, rule, order, or regulation alleged to have been violated, the civil penalty established for the violation, if any, and the right to appeal the citation pursuant to section 2462. The citation shall be delivered or sent by registered mail to the alleged violator.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2462 Citation; petition for administrative hearing; decision of local health officer; review; petition for judicial review; civil penalty.

Sec. 2462. (1) Not later than 20 days after receipt of the citation, the alleged violator may petition the local health department for an administrative hearing which shall be held within 30 days after the receipt of the petition. After the administrative hearing, the local health officer may affirm, dismiss, or modify the citation. The decision of the local health officer shall be final, unless within 60 days of the decision the appropriate local governing entity or committee thereof, or in the case of a district department, the district board of health or committee thereof, grants review of the citation. After the review, the local governing entity, board of health, or committee thereof may affirm, dismiss, or modify the citation.

(2) A person aggrieved by a decision of a local health officer, local governing entity, or board of health under this section may petition the circuit court of the county in which the principal office of the local health department is located for review. The petition shall be filed not later than 60 days following receipt of the final decision.

(3) A civil penalty becomes final if a petition for an administrative hearing or review is not received within the time specified in this section. A civil penalty imposed under this part is payable to the appropriate local

health department for deposit with the general funds of the local governing entity, or in case of a district, the funds shall be divided according to the formula used to divide other district funds. A civil penalty may be recovered in a civil action brought in the county in which the violation occurred or the defendant resides.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2463 Appearance tickets.

Sec. 2463. In the manner prescribed in sections 2441 and 2442 a local governing entity may designate representatives of the local health department as public servants authorized by law to issue and serve appearance tickets pursuant to sections 9a to 9g of chapter 4 of Act No. 175 of the Public Acts of 1927, as amended, being sections 764.9a to 764.9g of the Michigan Compiled Laws.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2465 Injunctive action; liability for damages.

Sec. 2465. (1) Notwithstanding the existence and pursuit of any other remedy, a local health officer, without posting bond, may maintain injunctive action to restrain, prevent, or correct a violation of a law, rule, or order which the officer has the duty to enforce, or to restrain, prevent, or correct an activity or condition which the officer believes adversely affects the public health.

(2) A local health officer or an employee or representative of a local health department is not personally liable for damages sustained in the performance of local health department functions, except for wanton and wilful misconduct.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2471 Program; establishment; objectives.

Sec. 2471. The department shall establish a program pursuant to sections 2471 to 2498 with the following objectives:

(a) To prescribe responsibilities of state and local governments for local health services.

(b) To assure the availability, accessibility, and acceptability of required health services for the people of this state.

(c) To establish the basis for equitable state reimbursement of expenditures to support local health services.

(d) To assure that state reimbursement for reasonable and allowable costs for required and allowable local health services shall be provided at the level necessary to assure maintenance of the services on an equitable basis for the people of this state.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2472 Services eligible for cost sharing; criteria and procedures for additional services; minimum standards for delivery of services.

Sec. 2472. (1) Services which a local health department is required to provide under the program plan described in part 23 are eligible for cost sharing under this part.

(2) The department shall prescribe criteria and procedures for designating additional services proposed by a local health department as allowable services.

(3) The department shall establish minimum standards of scope, quality, and administration for the delivery of required and allowable services not inconsistent with sections 2471 to 2498.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2473 Specific objectives of required services; demonstrating provision of service; contracts.

Sec. 2473. (1) Required services designated pursuant to part 23 shall be directed at the following specific objectives:

(a) Prevention and control of environmental health hazards.

(b) Prevention and control of diseases.

(c) Prevention and control of health problems of particularly vulnerable population groups.

(d) Development of health care facilities and agencies and health services delivery systems.

(e) Regulation of health care facilities and agencies and health services delivery systems to the extent

provided by state law.

(2) A local health department and its local governing entity shall provide or demonstrate the provision of each required service which the local health department is designated to provide.

(3) The department may enter into contracts necessary or appropriate to carry out this section.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2475 Reimbursement for costs of services; equitable distribution; schedule; local expenditure in excess of prior appropriation.

Sec. 2475. (1) The department shall reimburse local governing entities for the reasonable and allowable costs of required and allowable health services delivered by the local governing entity as provided by this section. Subject to the availability of funds actually appropriated reimbursements shall be made in a manner to provide equitable distribution among the local governing entities and pursuant to the following schedule beginning in the second state fiscal year beginning on or after the effective date of this part:

(a) First year, 20%.

(b) Second year, 30%.

(c) Third year, 40%.

(d) Fourth year and thereafter, 50%.

(2) Until the 50% level is reached, a local governing entity is not required to provide for required services if the local expenditure necessary to provide the services is greater than those funds appropriated and expended in the full state fiscal year immediately before the effective date of this part.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2476 Reimbursement of certain expenditures prohibited.

Sec. 2476. The following expenditures shall not be reimbursed under sections 2471 to 2498:

(a) Expenditures for required and allowable services to the extent the expenditures are reimbursed from another source such as fees for services or another state or federal program.

(b) Direct capital expenditures for facilities.

(c) Expenditures used to match other state funds.

(d) Expenditures for other services specifically excluded in rules promulgated by the department.

(e) Federal and state categorical health program funds.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2477 Local governing entity not to receive less than received under prior provisions; providing, designating, and reallocating funds; accountability.

Sec. 2477. (1) A local governing entity shall not receive less in any year under sections 2471 to 2498 than it received under Act No. 306 of the Public Acts of 1927, as amended, being sections 327.201 to 327.208a of the Michigan Compiled Laws, in the full state fiscal year immediately before the effective date of this part.

(2) Funds under this part shall be provided to the local governing entity which shall be accountable for substantial conformance with agreements and standards as provided by section 2484. The funds shall be designated for the local health department but may be reallocated through the local health department if services are rendered by other local agencies.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2479 Criteria for determining costs for services.

Sec. 2479. Not later than 1 year after the effective date of this section, the department shall prescribe criteria for determining the reasonable and allowable costs for required and allowable services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2481 Condition for approval of funding.

Sec. 2481. As a condition for the approval of funding for a service under sections 2471 to 2498, a local health department shall:

(a) Provide the required health services which the local health department is designated to provide in substantial accord with the program plan developed under part 23 and rules promulgated under section 2495,

including standards as to the scope and quality of services.

(b) Report its performance and fiscal matters in a form and containing information the department reasonably requires to implement sections 2471 to 2498.

(c) Keep records and afford access to the records by authorized state, federal, and local officials for audit and review purposes necessary to verify and assure the accuracy and acceptability of the reports.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2482 Minimum expenditure for health services; waiving maintenance of local funding; certain services considered health services.

Sec. 2482. (1) The total local appropriations for a local health department expended for health services shall be not less in any year than in the local health department's full fiscal year immediately before the effective date of this part. However, the department may waive maintenance of local funding in extraordinary circumstances.

(2) For purposes of this section, services for which funds under Act No. 306 of the Public Acts of 1927, as amended, were being used on the effective date of this part are considered health services.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2483 Conditions for reimbursement.

Sec. 2483. A local health department desiring reimbursement under sections 2471 to 2498 shall:

(a) Submit annually to the department a program statement approved by the local governing entity defining the status of the current required and allowable services the local health department provides. After review and approval by the department, the program statement shall serve as a basis of determining priorities for local development with appropriate state policy and technical assistance.

(b) Submit annually to the department the budget approved by the local governing entity. The budget shall reflect the program statement and include the required services which the local health department provides, other health services proposed for state reimbursement as allowable services, and services proposed for full local or categorical state or federal funding. After review, the department shall determine the services eligible as allowable services for state reimbursement. Determinations regarding proposed allowable services shall be made annually for each local health department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2484 Agreement implementing standards; basis for reimbursement; operating advance; adjustments.

Sec. 2484. (1) Standards of scope, quality, and administration promulgated under section 2495 shall be implemented through an agreement between the department and the local governing entity. An agreement under this subsection shall specify at least the minimum activities agreed upon as necessary for substantial compliance with rules and shall be based upon findings in the annual program statement of the local health department.

(2) A local health department shall be reimbursed on the basis of approved program performance reports as required by this section and sections 2481 and 2483 and on the basis of prescribed fiscal reports reflecting actual, reasonable, and allowable costs incurred pursuant to rules promulgated under section 2495. An operating advance may be provided which shall be replenished as the costs are reported. Adjustments shall be made as necessary to compensate for payments previously made.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2486 Notice of appeal; informal conference; reaffirming, modifying, or revoking decision; hearing; petition for redress.

Sec. 2486. (1) Upon receipt of a notice from a local health department that the local health department wishes to appeal a department decision relative to the implementation of sections 2471 to 2498, the department shall schedule an informal conference to be attended by representatives of the jurisdiction affected by the decision and representatives of the department. After the conference the department may reaffirm, modify, or revoke its decision.

(2) Upon request, a local health department adversely affected by a decision of the department as to service eligibility, development priorities, allowable services, minimum activities necessary for substantial

compliance, a decision under section 2235, or the level of reasonable and allowable costs shall be granted a hearing. The local governing entity may pursue further appeal by petition to the appropriate circuit court for redress.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2488 Appropriation request to include funds for reimbursement of local health departments; basis of sums requested.

Sec. 2488. A separate part of the department's annual health appropriation request shall include funds to reimburse local health departments for expenditures incurred to establish and maintain required and allowable health services. The sums requested shall be based on reasonable and allowable costs for required and allowable services at projected levels for the next fiscal period and shall be used for reimbursing local health departments which have complied with sections 2471 to 2498.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2490 Administration of MCL 333.2471 to 333.2498.

Sec. 2490. Sections 2471 to 2498 shall be administered in a manner consistent with the requirements of federal law.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2492 Status report; appropriation for development and implementation of evaluation and related training.

Sec. 2492. (1) At the end of the second full state fiscal year after the effective date of this part, the department shall report to the governor and legislature as to the status of required and allowable health services in relation to standards, costs, and health needs of the people of this state.

(2) An amount equal to 1% of the estimated total expenditures for the required and allowable local health services shall be appropriated to the department annually for the development and implementation of evaluation and related training for local health departments and department staffs in the delivery of the required and allowable health services authorized under sections 2471 to 2498.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2495 Rules; determinations; review and comment.

Sec. 2495. (1) The department shall promulgate rules and may make determinations necessary or appropriate to implement this part, consistent with this code, including the establishment of minimum standards for health officers, development plans, the designation of allowable services, and the quality, delivery, and reasonable costs for required and allowable services.

(2) Not less than 30 days before promulgation of a rule establishing minimum standards for the quality, delivery, or reasonable costs for required and allowable services, the department shall request the Michigan association of counties, the Michigan health officers association, the Michigan association of local environmental health administrators, and the Michigan association of local public health administrators to review and comment on the rule. This subsection does not limit review and comment by additional governmental and professional organizations or by other persons.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

Administrative rules: R 325.13001 et seq. and R 325.13051 et seq. of the Michigan Administrative Code.

333.2497 Administrative compliance order.

Sec. 2497. Upon a finding that a local health department is not able to provide or to demonstrate the adequate provision of 1 or more of the required services, or fails to meet the requirements of this part or the rules promulgated under this part, the department may issue an administrative compliance order to the local health department's local governing entity. The order shall state the nature of the deficiencies and set forth a reasonable time by which the deficiencies shall be corrected.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2498 Petition for administrative hearing; finality of order or compliance date; reaffirming, modifying, or revoking order; modifying time for compliance; petition for writ of mandamus.

Sec. 2498. (1) Within 60 working days after receipt of an administrative compliance order and proposed compliance period, a local governing entity may petition the department for an administrative hearing. If the local governing entity does not petition the department for a hearing within 60 days after the receipt of an administrative compliance order, the order and proposed compliance date shall be final.

(2) After a hearing, the department may reaffirm, modify, or revoke the order or modify the time permitted for compliance.

(3) If the local governing entity fails to correct a deficiency for which a final order has been issued within the period permitted for compliance, the department may petition the appropriate circuit court for a writ of mandamus to compel correction.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

PART 22
STATE DEPARTMENT OF PUBLIC HEALTH

333.2201 Department of public health and office of director of public health continued.

Sec. 2201. The department of public health and the office of the director of public health created by sections 425 and 426 of Act No. 380 of the Public Acts of 1965, being sections 16.525 and 16.526 of the Michigan Compiled Laws, shall continue under this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the division of occupational health in the bureau of environmental and occupational health, with the exception of dry cleaning unit, from the department of public health to the director of the department of labor, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

For transfer of certain powers and duties of the office of policy, planning and evaluation from the department of public health to the director of the department of community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

Popular name: Act 368

333.2202 Director of public health; appointment, term, and qualifications; designation and responsibility of chief medical executive; "administrative experience" defined.

Sec. 2202. (1) The governor shall appoint the director of public health by the method and for a term prescribed by section 508 of Act No. 380 of the Public Acts of 1965, being section 16.608 of the Michigan Compiled Laws. The director shall be qualified in the general field of health administration. Qualification may be demonstrated by either of the following:

(a) Not less than 8 years administrative experience of which not less than 5 years have been in the field of health administration.

(b) A degree beyond the level of baccalaureate in a field related to public health or administration, and not less than 5 years of administrative experience in the field of health administration.

(2) If the director is not a physician, the director shall designate a physician as chief medical executive of the department. The chief medical executive shall be a full-time employee and shall be responsible to the director for the medical content of policies and programs.

(3) As used in this section, "administrative experience" means service in a management or supervisory capacity.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of certain powers and duties of the chief medical executive from the department of public health to the director of the department of community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

Popular name: Act 368

333.2204 Director of public health; salary; full-time performance of functions; expenses.

Sec. 2204. The director shall receive an annual salary appropriated by the legislature and payable in the same manner as salaries of other state officers. The director's full time shall be devoted to the performance of the functions of the director's office. The director shall receive expenses necessarily incurred in the performance of official functions.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2205 Assignment, vesting, and exercise of functions; internal organization of department; allocation and reallocation of duties and functions.

Sec. 2205. (1) A function assigned by this code to the department vests in the director or in an employee or agent of the department designated by the director, or in any employee or agent of the department who is assigned the function in accordance with internal administrative procedures of the department established by the director. A function vested by law in a nonautonomous entity of the department may be exercised by the director.

(2) As provided in section 7 of Act No. 380 of the Public Acts of 1965, being section 16.107 of the Michigan Compiled Laws, and except as otherwise provided by law, the director with the approval of the governor may establish the internal organization of the department and to allocate and reallocate duties and functions to provide economic and efficient administration and operation of the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2208 Public health advisory council; creation; appointment, qualifications, and terms of members; removal; vacancy.

Sec. 2208. (1) The public health advisory council is created in the department. The public health advisory council shall consist of 16 members. Initial members of the public health advisory council shall include those individuals currently appointed to the advisory council created under section 506 of Act No. 380 of the Public Acts of 1965, being section 16.606 of the Michigan Compiled Laws, who shall serve for the remainder of their terms under that section.

(2) The advisory council shall represent consumers and providers of health care representative of the population as to sex, race, and ethnicity and shall include representatives of a local governing entity as defined in part 24 and a local health department. New members shall be appointed by the governor with the advice and consent of the senate. Except for initial members, a member of the public health advisory council shall serve for a term of 4 years or until a successor is appointed. After the effective date of this part, an individual shall not serve more than 2 full terms and 1 partial term, consecutive or otherwise.

(3) The director may request the governor to remove a member from the public health advisory council at any time for good cause.

(4) A vacancy shall be filled in the same manner as an original appointment for the balance of the unexpired term.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.16324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2209 Public health advisory council; election and terms of chairperson and vice-chairperson; quorum; reimbursement; staff support.

Sec. 2209. (1) The public health advisory council shall elect a chairperson and vice-chairperson for terms of 2 years and shall determine the number of voting members constituting a quorum for the transaction of business.

(2) Public health advisory council members shall be reimbursed pursuant to section 1216.

(3) The department shall provide staff support to the public health advisory council.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.16324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2210 Public health advisory council; powers and duties generally.

Sec. 2210. (1) The public health advisory council shall advise and consult with the director on public health programs and policies.

(2) The public health advisory council may:

(a) Study issues, problems, and programs which the council and director jointly determine are of priority in the implementation of the responsibilities of the state and local health departments.

(b) Advise the director on selected issues related to health planning and department implementation of long-term health policies.

(c) Make recommendations as to the department's state health plan development responsibilities and duties delegated to the department pursuant to law.

(d) Make recommendations as to the activities of all advisory committees, councils, boards, task forces, and commissions created in the department under this code or any other law and report annually to the director on the activities of those entities with particular attention to areas of overlapping functions and activities.

(e) Provide other assistance the director reasonably requests.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.16324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2211 Coordination between local health departments and local health planning agencies; review; annual assessment; information.

Sec. 2211. (1) In each of the 3 years immediately after the effective date of this part, the public health

advisory council shall review the coordination between local health departments and local health planning agencies, and make annual assessments by January 1 of those years to the director including actions which should be taken to improve coordination. The annual assessment shall be available to the governor, legislature, county boards of commissioners, local health departments, health planning agencies, and other interested persons.

(2) The department shall provide the public health advisory council with information necessary to carry out its functions under this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.16324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2213 Task forces.

Sec. 2213. (1) The public health advisory council may appoint task forces composed of council members and other individuals in a number the council determines is appropriate when the council determines that either of the following exists:

(a) A task force is appropriate to provide professional or technical expertise related to a department or council function under this code.

(b) A task force is appropriate to provide additional public participation in a department or council function under this code.

(2) The department may request that the public health advisory council establish a task force when the department determines that the task force is appropriate to the functions vested in the department by this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.16324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2215 Termination of advisory committee or task force; exception; review of advisory council, commission, board, task force, or body.

Sec. 2215. (1) An advisory committee to the department created in this code or task force created under section 2213 shall terminate 2 years after the date of its creation or renewal unless the public health advisory council not later than 90 days before an advisory committee is to terminate reviews the need for the continued existence of the advisory committee or task force and thereafter recommends its continuance.

(2) Upon the recommendation of the public health advisory council the director may reappoint or request reappointment of an advisory committee which would have been otherwise terminated pursuant to subsection (1). Subsection (1) does not apply to advisory councils, commissions, boards, task forces, or other advisory bodies which are not specifically designated as advisory committees.

(3) Not later than 2 years after the effective date of this code, and biennially thereafter, the public health advisory council shall review and advise the director on the need for, and alternatives to, each advisory council, commission, board, task force, or body established in the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Compiler's note: For transfer of powers and duties of the public health advisory council to the director of the department of community health and abolishment of the council, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2221 Organized programs to prevent disease, prolong life, and promote public health; duties of department.

Sec. 2221. (1) Pursuant to section 51 of article 4 of the state constitution of 1963, the department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and agencies and health services delivery systems; and regulation of health care facilities and agencies and health services delivery systems to the extent provided by law.

(2) The department shall:

(a) Have general supervision of the interests of the health and life of the people of this state.

(b) Implement and enforce laws for which responsibility is vested in the department.

(c) Collect and utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health.

(d) Make investigations and inquiries as to:

(*i*) The causes of disease and especially of epidemics.

(*ii*) The causes of morbidity and mortality.

(*iii*) The causes, prevention, and control of environmental health hazards, nuisances, and sources of illness.

(e) Plan, implement, and evaluate health education by the provision of expert technical assistance and financial support.

(f) Take appropriate affirmative action to promote equal employment opportunity within the department and local health departments and to promote equal access to governmental financed health services to all individuals in the state in need of service.

(g) Have powers necessary or appropriate to perform the duties and exercise the powers given by law to the department and which are not otherwise prohibited by law.

(h) Plan, implement, and evaluate nutrition services by the provision of expert technical assistance and financial support.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2223 Biennial plan for rural health; preparation; submission to standing committees.

Sec. 2223. The center for rural health created under section 2612, in consultation with the department and professional associations representing health facilities and health professions, shall prepare a biennial plan for rural health. The center for rural health, in consultation with the department, shall submit the plan to the standing committees in the senate and house of representatives with jurisdiction over matters pertaining to public health.

History: Add. 1990, Act 125, Imd. Eff. June 26, 1990.

Compiler's note: For transfer of certain powers and duties of the center for rural health from the department of public health to the director of the department of community health, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

For transfer of powers and duties of the center for rural health to the director of the department of community health and abolishment of the center, see E.R.O. No. 1997-4, compiled at MCL 333.26324 of the Michigan Compiled Laws.

Popular name: Act 368

333.2224 Promotion of local health services; coordination and integration of public health services.

Sec. 2224. Pursuant to this code, the department shall promote an adequate and appropriate system of local health services throughout the state and shall endeavor to develop and establish arrangements and procedures for the effective coordination and integration of all public health services including effective cooperation between public and nonpublic entities to provide a unified system of statewide health care.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2226 Powers of department.

Sec. 2226. The department may:

(a) Engage in research programs and staff professional training programs.

(b) Advise governmental entities or other persons as to the location, drainage, water supply, disposal of solid waste, heating, and ventilation of buildings.

(c) Enter into an agreement, contract, or arrangement with governmental entities or other persons necessary or appropriate to assist the department in carrying out its duties and functions.

(d) Exercise authority and promulgate rules to safeguard properly the public health; to prevent the spread of diseases and the existence of sources of contamination; and to implement and carry out the powers and duties vested by law in the department.

(e) Accept gifts, grants, bequests, and other donations in the name of this state. Funds or property accepted shall be used as directed by its donor and in accordance with the law, rules, and procedures of this state.

(f) Either directly or by interagency contract, develop and deliver health services to vulnerable population groups.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

Administrative rules: R 325.60; R 325.921 et seq.; R 325.951 et seq.; R 325.2101 et seq.; R 325.2111 et seq.; R 325.3271 et seq.; R 325.3401 et seq.; R 325.3801 et seq.; R 325.5801 et seq.; R 325.9001 et seq.; R 325.9901 et seq.; R 325.13051 et seq.; R 325.13091 et seq.; R 325.23101 et seq.; and R 560.401 et seq. of the Michigan Administrative Code.

333.2227 Racial and ethnic health disparities; duties of department.

Sec. 2227. The department shall do all of the following:

(a) Develop and implement a structure to address racial and ethnic health disparities in this state.

(b) Monitor minority health progress.

(c) Establish minority health policy.

(d) Develop and implement an effective statewide strategic plan for the reduction of racial and ethnic health disparities.

(e) Utilize federal, state, and private resources, as available and within the limits of appropriations, to fund minority health programs, research, and other initiatives.

(f) Provide the following through interdepartmental coordination:

(*i*) Data and technical assistance to minority health coalitions and any other local entities addressing the elimination of racial and ethnic health disparities.

(*ii*) Measurable objectives to minority health coalitions and any other local health entities for the development of interventions that address the elimination of racial and ethnic health disparities.

(g) Establish a web page on the department's website, in coordination with the state health disparities reduction and minority health section, that provides information or links to all of the following:

(*i*) Research within minority populations.

(*ii*) A resource directory that can be distributed to local organizations interested in minority health.

(*iii*) Racial and ethnic specific data including, but not limited to, morbidity and mortality.

(h) Develop and implement recruitment and retention strategies to increase the number of minorities in the health and social services professions.

(i) Develop and implement awareness strategies targeted at health and social service providers in an effort to eliminate the occurrence of racial and ethnic health disparities.

(j) Identify and assist in the implementation of culturally and linguistically appropriate health promotion and disease prevention programs that would emphasize prevention and incorporate an accessible, affordable, and acceptable early detection and intervention component.

(k) Promote the development and networking of minority health coalitions.

(*l*) Appoint a department liaison to provide the following services to local minority health coalitions:

(*i*) Assist in the development of local prevention and intervention plans.

(*ii*) Relay the concerns of local minority health coalitions to the department.

(*iii*) Assist in coordinating minority input on state health policies and programs.

(*iv*) Serve as the link between the department and local efforts to eliminate racial and ethnic health disparities.

(m) Provide funding, within the limits of appropriations, to support evidence-based preventative health, education, and treatment programs that include outcome measures and evaluation plans in minority communities.

(n) Provide technical assistance to local communities to obtain funding for the development and implementation of a health care delivery system to meet the needs, gaps, and barriers identified in the statewide strategic plan for eliminating racial and ethnic health disparities.

(o) One year after the effective date of this section and each year thereafter, submit a written report on the status, impact, and effectiveness of the amendatory act that added this section to the standing committees in the senate and house of representatives with jurisdiction over issues pertaining to public health, the senate and house of representatives appropriations subcommittees on community health, and the senate and house fiscal agencies.

History: Add. 2006, Act 653, Imd. Eff. Jan. 9, 2007.

Compiler's note: Act 368

333.2228 Heads of intra-departmental units and employees; appointment; salaries and expenses; liability for damages; quarters and facilities.

Sec. 2228. (1) The director may appoint, subject to civil service procedures, heads of intra-departmental units and employees necessary to perform the functions prescribed by this code or any other law. Salaries and expenses incurred under this code shall be paid out of the amount appropriated for that purpose with the approval of the director.

(2) The director or an employee or representative of the department is not personally liable for damages sustained in the performance of departmental functions, except for wanton and wilful misconduct.

(3) The department of management and budget shall provide suitable quarters and facilities for the department.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2229 Employees at veterans' facility physically injured by assault; wages; supplement; fringe benefits.

Sec. 2229. A person employed by the department at the Michigan veterans' facility at Grand Rapids, or the D.J. Jacobetti veterans' facility at Marquette established under Act No. 152 of the Public Acts of 1885, being sections 36.1 to 36.12 of the Michigan Compiled Laws, or any other veterans' facility operated by the department after the effective date of this section who is physically injured during the course of his or her employment as the result of an assault by a recipient of department services shall receive his or her full wages from the department until worker's compensation benefits begin and then shall receive in addition to worker's compensation benefits a supplement from the department which together with the worker's compensation benefits shall equal but not exceed the weekly net wage of the employee at the time of the injury. This supplement shall only apply while the person is on the department's payroll and is receiving worker's compensation benefits due to an injury covered by this section and shall include an employee who is receiving worker's compensation benefits on the effective date of this section due to an injury covered by this section. This supplement shall not exceed a 100 week period. Fringe benefits normally received by an employee shall be in effect during the time the employee receives the supplement provided by this section from the department.

History: Add. 1987, Act 285, Imd. Eff. Jan. 6, 1988.

Popular name: Act 368

333.2231 Furnishing information relating to public health; report.

Sec. 2231. (1) To assist the department in its duties and functions, officials of this state and persons transacting business in this state shall furnish the department with information relating to public health which may be requested by the department.

(2) The department shall report periodically to the governor and legislature as to the activities carried on under this code.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2232 Repealed. 1986, Act 79, Eff. Apr. 1, 1987.

Compiler's note: The repealed section pertained to material safety data sheets, lists of hazardous chemicals, and access to information from employees regarding hazardous chemicals in workplace.

Popular name: Act 368

333.2232a Repeal of MCL 333.2232.

Sec. 2232a. Section 2232 is repealed on April 1, 1987.

History: Add. 1986, Act 79, Imd. Eff. Apr. 7, 1986.

Popular name: Act 368

333.2233 Rules.

Sec. 2233. (1) The department may promulgate rules necessary or appropriate to implement and carry out the duties or functions vested by law in the department.

(2) If the Michigan supreme court rules that sections 45 and 46 of the administrative procedures act of 1969, Act No. 306 of the Public Acts of 1969, being sections 24.245 and 24.246 of the Michigan Compiled Laws, are unconstitutional, and a statute requiring legislative review of administrative rules is not enacted within 90 days after the Michigan supreme court ruling, the department shall not promulgate rules under this act.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 1996, Act 67, Imd. Eff. Feb. 26, 1996.

Compiler's note: In separate opinions, the Michigan Supreme Court held that Section 45(8), (9), (10), and (12) and the second sentence of Section 46(1) ("An agency shall not file a rule ... until at least 10 days after the date of the certificate of approval by the committee or after the legislature adopts a concurrent resolution approving the rule.") of the Administrative Procedures Act of 1969, in providing for the Legislature's reservation of authority to approve or disapprove rules proposed by executive branch agencies, did not comply with the enactment and presentment requirements of Const 1963, Art 4, and violated the separation of powers provision of Const 1963, Art 3, and, therefore, were unconstitutional. These specified portions were declared to be severable with the remaining portions remaining effective. Blank v Department of Corrections, 462 Mich 103 (2000).

Popular name: Act 368

Administrative rules: R 287.1; R 287.451 et seq.; R 287.481 et seq.; R 325.60; R 325.151 et seq.; R 325.921 et seq.; R 325.951 et seq.; R 325.1053 et seq.; R 325.1213 et seq.; R 325.1281 et seq.; R 325.1541 et seq.; R 325.2101 et seq.; R 325.2111 et seq.; R 325.2581; R 325.3271 et seq.; R 325.3311 et seq.; R 325.3401 et seq.; R 325.3801 et seq.; R 325.5810 et seq.; R 325.9001 et seq.; R 325.13051 et

seq.; R 325.13091 et seq.; R 325.17101 et seq.; R 325.23101 et seq.; R 338.3801; and R 338.3821 et seq. of the Michigan Administrative Code.

333.2235 Local health department; authorization to exercise power or function; primary organization as to services and programs; exceptions; summary reports.

Sec. 2235. (1) Except as provided in subsection (3), the department may authorize a local health department to exercise a power or function of the department where not otherwise prohibited by law or rule.

(2) The director, in determining the organization of services and programs which the department may establish or require under this code, shall consider a local health department which meets the requirements of part 24 to be the primary organization responsible for the organization, coordination, and delivery of those services and programs in the area served by the local health department.

(3) Subsections (1) and (2) do not apply if the director determines that 1 of the following exists:

(a) The local health department does not have and is unable or unwilling to obtain qualified personnel or does not have and is unable or unwilling to obtain the administrative capacity or programmatic mechanisms to perform a specific function.

(b) The services or programs are so specialized in nature and of such technical complexity that cost benefit or cost effectiveness does not justify administration through the local health department.

(c) Legal constraints preclude the assignment of the responsibility.

(4) When a branch of the state department of public health directly delivers services within a local health department area, the state department of public health shall provide summary reports of those activities to the local health department upon the request of the local health officer.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2237 Duties of department as to health education; "health education" defined.

Sec. 2237. (1) The department shall:

(a) Exercise overall leadership in recognizing the importance of public health education objectives in the planning, developing, and carrying out of public health programs within the department's jurisdiction.

(b) Encourage local health departments to give priority to community health education activities as an essential part of local health programs.

(c) Develop and apply standards for the evaluation of public health education activities both at the state and local level and in cooperation with other public and private agencies.

(d) Collect and disseminate information about public health education activities and research in this state.

(2) As used in this section, "health education" means that dimension of health care that directs attention of individuals to their health behavior with the goal of enabling the individuals to make reasoned decisions about their own health practices and those within the various communities in which the individuals live, work, and play. The basic components of reasoned health decision-making education include both:

(a) The acquisition of accurate, unbiased, authoritative knowledge of subjects such as human biology, efficacy of early prevention, disease detection and control, nutritional practices, detection and control of environmental hazards, alternative health practices and the consequences of each, and the affective assessment of an individual's own beliefs on health outcomes.

(b) The acquisition of the behavior skills required to carry out the desired alternative.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2241 Inspection or investigation to assure compliance; application for warrant.

Sec. 2241. (1) To assure compliance with laws enforced by the department, the department may inspect, investigate, or authorize an inspection or investigation to be made of any matter, thing, premises, place, person, record, vehicle, incident, or event.

(2) The department may apply for an inspection or investigation warrant under section 2242 to carry out this section.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2242 Warrant; affidavit required for issuance.

Sec. 2242. Upon receipt of an affidavit made on oath establishing grounds for issuing a warrant pursuant to section 2243, a magistrate shall issue an inspection or investigation warrant authorizing the department applying for the warrant to conduct an inspection or investigation.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2243 Warrant; grounds for issuance.

Sec. 2243. A magistrate shall issue an inspection or investigation warrant if either of the following exists:

(a) Reasonable legislative or administrative standards for conducting a routine or area inspection are satisfied with respect to the particular thing, premises, place, person, record, vehicle, incident, or event.

(b) There is reason to believe that noncompliance with laws enforced by the state or local health department may exist with respect to the particular thing, premises, place, person, record, vehicle, incident, or event.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2244 Warrant; finding of cause.

Sec. 2244. The magistrate's finding of cause shall be based on the facts stated in the affidavit. The affidavit may be based upon reliable information supplied to the applicant from a credible individual, named or unnamed, if the affidavit contains affirmative allegations that the individual spoke with personal knowledge of the matters contained in the affidavit.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2245 Warrant; directing to law enforcement officer; contents.

Sec. 2245. An inspection or investigation warrant may be directed to the sheriff or any law enforcement officer, commanding the officer to assist the state or local health department in the inspection or investigation. A warrant shall designate and describe the location or thing to be inspected and the property or thing to be seized. The warrant shall state the grounds or cause for its issuance or a copy of the affidavit shall be attached to the warrant.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2246 Warrant; execution.

Sec. 2246. The officer to whom an inspection or investigation warrant is directed or a person assisting the officer may break an outer or inner door or window of a house or building, or anything therein, to execute the warrant, if, after notice of his or her authority and purpose, the officer is refused admittance, or when necessary to liberate the officer or person assisting the officer in execution of the warrant.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2247 Warrant; procuring maliciously or without cause; misdemeanor.

Sec. 2247. A person who maliciously and without cause procures an inspection or investigation warrant to be issued and executed is guilty of a misdemeanor.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2251 Imminent danger to health or lives; informing individuals affected; order; noncompliance; petition to restrain condition or practice; conditions constituting menace to public health; duty of director; "imminent danger" and "person" defined.

Sec. 2251. (1) Upon a determination that an imminent danger to the health or lives of individuals exists in this state, the director immediately shall inform the individuals affected by the imminent danger and issue an order which shall be delivered to a person, authorized to avoid, correct, or remove the imminent danger or be posted at or near the imminent danger. The order shall incorporate the director's findings and require immediate action necessary to avoid, correct, or remove the imminent danger. The order may specify action to be taken or prohibit the presence of individuals in locations or under conditions where the imminent danger exists, except individuals whose presence is necessary to avoid, correct, or remove the imminent danger.

(2) Upon failure of a person to comply promptly with a department order issued under this section, the department may petition the circuit court having jurisdiction to restrain a condition or practice which the director determines causes the imminent danger or to require action to avoid, correct, or remove the imminent danger.

(3) If the director determines that conditions anywhere in this state constitute a menace to the public health, the director may take full charge of the administration of state and local health laws, rules, regulations, and ordinances applicable thereto.

(4) As used in this section:

(a) "Imminent danger" means a condition or practice exists which could reasonably be expected to cause death, disease, or serious physical harm immediately or before the imminence of the danger can be eliminated through enforcement procedures otherwise provided.

(b) "Person" means a person as defined in section 1106 or a governmental entity.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2253 Epidemic; emergency order and procedures; avian influenza; conditions requiring assistance of department of agriculture.

Sec. 2253. (1) If the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.

(2) If an epidemic described in subsection (1) involves avian influenza or another virus or disease that is or may be spread by contact with animals, the department of agriculture shall cooperate with and assist the director in the director's response to the epidemic.

(3) Upon request from the director, the department of agriculture shall assist the department in any review or update of the department's pandemic influenza plan under section 5112.

History: 1978, Act 368, Eff. Sept. 30, 1978;—Am. 2006, Act 157, Imd. Eff. May 26, 2006.

Popular name: Act 368

333.2255 Injunctive action.

Sec. 2255. Notwithstanding the existence and pursuit of any other remedy, the department, without posting bond, may maintain injunctive action in the name of the people of this state to restrain, prevent, or correct a violation of a law, rule, or order which the department has the duty to enforce or to restrain, prevent, or correct an activity or condition which the department believes adversely affects the public health.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2261 Violation as misdemeanor; penalty.

Sec. 2261. Except as otherwise provided by this code, a person who violates a rule or order of the department is guilty of a misdemeanor punishable by imprisonment for not more than 6 months, or a fine of not more than $200.00, or both.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2262 Violation; rules adopting schedule of monetary civil penalties; issuance, contents, and delivery of citation.

Sec. 2262. (1) The department may promulgate rules to adopt a schedule of monetary civil penalties, not to exceed $1,000.00 for each violation or day that a violation continues, which may be assessed for a specified violation of this code or a rule promulgated or an order issued under this code and which the department has the authority and duty to enforce.

(2) If a department representative believes that a person has violated this code or a rule promulgated or an order issued under this code which the department has the authority and duty to enforce, the representative may issue a citation at that time or not later than 90 days after discovery of the alleged violation. The citation shall be written and shall state with particularity the nature of the violation, including reference to the section, rule, or order alleged to have been violated, the civil penalty established for the violation, if any, and the right to appeal the citation pursuant to section 2263. The citation shall be delivered or sent by registered mail to the alleged violator.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2263 Citation; petition for administrative hearing; decision of hearings officer; review; provisions governing hearings and appeals; civil penalty.

Sec. 2263. (1) Not later than 20 days after receipt of the citation, the alleged violator may petition the department for an administrative hearing, which shall be held within 60 days after receipt of the petition by the department. The administrative hearing may be conducted by a hearings officer who may affirm, dismiss, or modify the citation. The decision of the hearings officer shall be final, unless within 30 days after the decision the director grants a review of the citation. Upon review, the director may affirm, dismiss, or modify the citation.

(2) Hearings and appeals under this section shall conform to the administrative procedures act of 1969.

(3) A civil penalty shall become final if a petition for an administrative hearing is not received within the time specified in subsection (1). A civil penalty imposed shall be paid to the state treasury for deposit in the general fund. A civil penalty may be recovered in a civil action brought in the county in which the violation occurred or the defendant resides.

History: 1978, Act 368, Eff. Sept. 30, 1978.

Popular name: Act 368

333.2264 Patient safety organization; certification of more than 1 entity.

Sec. 2264. Notwithstanding any other provision of this act to the contrary, more than 1 entity may be certified as a patient safety organization under section 924 of the patient safety and quality improvement act of 2005, 42 USC 299b-24.

History: Add. 2006, Act 643, Imd. Eff. Jan. 5, 2007.

Compiler's note: Act 368